### Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 1 of 50

| Fill in this information to identify your case: |                                 |                                 |
|-------------------------------------------------|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the:         |                                 |                                 |
| NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION | _                               |                                 |
| Case number (if known)                          | _ Chapter you are filing under: |                                 |
|                                                 | Chapter 7                       |                                 |
|                                                 | ☐ Chapter 11                    |                                 |
|                                                 | ☐ Chapter 12                    |                                 |
|                                                 | ☐ Chapter 13                    | Check if this an amended filing |

## Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identify Yourself                                                                                                   |                                                    |                                               |  |
|-----|---------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------------------------------------------|--|
|     |                                                                                                                           | About Debtor 1:                                    | About Debtor 2 (Spouse Only in a Joint Case): |  |
| 1.  | Your full name                                                                                                            |                                                    |                                               |  |
|     | Write the name that is or your government-issued picture identification (for example, your driver's license or passport). | Maria First name  A Middle name                    | First name  Middle name                       |  |
|     | Bring your picture identification to your meeting with the trustee.                                                       | Contreas  Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III)      |  |
| 2.  | All other names you ha                                                                                                    |                                                    |                                               |  |
|     | Include your married or maiden names.                                                                                     |                                                    |                                               |  |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)         | xxx-xx-6479                                        |                                               |  |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58

Document Page 2 of 50 Desc Main

Case number (if known) Debtor 1 Maria A Contreas

| About Debtor 1:                                                                                                                                                                           | About Debtor 2 (Spouse Only in a Joint Case):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| ■ I have not used any business name or EINs.  Business name(s)  EINs                                                                                                                      | ☐ I have not used any business name or EINs.  Business name(s)  EINs                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |
|                                                                                                                                                                                           | If Debtor 2 lives at a different address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
| System Fine Hollow Rd Carpentersville, IL 60110 Number, Street, City, State & ZIP Code Kane County                                                                                        | Number, Street, City, State & ZIP Code  County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |  |
| If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.                                       | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.                                                                                                                                                                                                                                                                                                                                                                                                |  |  |  |
| Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                          | Number, P.O. Box, Street, City, State & ZIP Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |  |  |
| Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)                                                                                                                                                                                                                                                                                                                                                 |  |  |  |
|                                                                                                                                                                                           | ■ I have not used any business name or EINs.  Business name(s)  EINs  5905 Pine Hollow Rd Carpentersville, IL 60110  Number, Street, City, State & ZIP Code  Kane County  If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.  Number, P.O. Box, Street, City, State & ZIP Code  Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. |  |  |  |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 3 of 50

Case number (if known) Debtor 1 Maria A Contreas

| •ar        | t 2: Tell the Court About                                                                                         | Your Ba | ankruptcy Ca                                       | ise                                                         |                                                                                                         |                                                                                                                                                                                                                                     |
|------------|-------------------------------------------------------------------------------------------------------------------|---------|----------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 7.         | The chapter of the Bankruptcy Code you are                                                                        |         |                                                    |                                                             | of each, see <i>Notice Required by</i> 1<br>page 1 and check the appropriate                            | 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy box.                                                                                                                                                                       |
|            | choosing to file under                                                                                            | ■ Ch    | napter 7                                           |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
|            |                                                                                                                   | ☐ Ch    | napter 11                                          |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
|            |                                                                                                                   | ☐ Ch    | napter 12                                          |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
|            |                                                                                                                   | ☐ Ch    | napter 13                                          |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
| 3.         | How you will pay the fee                                                                                          |         | about how yo                                       | u may pay. Typi<br>attorney is subm                         | cally, if you are paying the fee you                                                                    | with the clerk's office in your local court for more details urself, you may pay with cash, cashier's check, or money llf, your attorney may pay with a credit card or check with                                                   |
|            |                                                                                                                   |         |                                                    |                                                             | allments. If you choose this options (Official Form 103A).                                              | n, sign and attach the Application for Individuals to Pay                                                                                                                                                                           |
|            |                                                                                                                   |         | I request that<br>but is not req<br>applies to you | it my fee be wai<br>uired to, waive y<br>ur family size and | ived (You may request this option our fee, and may do so only if you d you are unable to pay the fee in | only if you are filing for Chapter 7. By law, a judge may, ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out ial Form 103B) and file it with your petition. |
| <b>)</b> . | Have you filed for bankruptcy within the                                                                          | ■ No    |                                                    |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
|            | last 8 years?                                                                                                     | ☐ Ye    | S.                                                 |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
|            |                                                                                                                   |         | District                                           |                                                             |                                                                                                         | Case number                                                                                                                                                                                                                         |
|            |                                                                                                                   |         | District                                           |                                                             | When                                                                                                    | Case number                                                                                                                                                                                                                         |
|            |                                                                                                                   |         | District                                           |                                                             | When                                                                                                    | Case number                                                                                                                                                                                                                         |
| 10.        | Are any bankruptcy cases pending or being                                                                         | ■ No    |                                                    |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
|            | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Ye    | s.                                                 |                                                             |                                                                                                         |                                                                                                                                                                                                                                     |
|            |                                                                                                                   |         | Debtor                                             |                                                             |                                                                                                         | Relationship to you                                                                                                                                                                                                                 |
|            |                                                                                                                   |         | District                                           |                                                             | When                                                                                                    | Case number, if known                                                                                                                                                                                                               |
|            |                                                                                                                   |         | Debtor                                             |                                                             |                                                                                                         | Relationship to you                                                                                                                                                                                                                 |
|            |                                                                                                                   |         | District                                           |                                                             | When                                                                                                    | Case number, if known                                                                                                                                                                                                               |
| 11.        | Do you rent your residence?                                                                                       | ■ No    | Go to I                                            | ine 12.                                                     |                                                                                                         |                                                                                                                                                                                                                                     |
|            | residerice :                                                                                                      | ☐ Ye    | s. Has yo                                          | our landlord obtai                                          | ined an eviction judgment against                                                                       | you and do you want to stay in your residence?                                                                                                                                                                                      |
|            |                                                                                                                   |         |                                                    | No. Go to line 1                                            | 2.                                                                                                      |                                                                                                                                                                                                                                     |
|            |                                                                                                                   |         |                                                    | Yes. Fill out <i>Init</i> bankruptcy peti                   |                                                                                                         | ludgment Against You (Form 101A) and file it with this                                                                                                                                                                              |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58

Document Page 4 of 50 Desc Main

Case number (if known) Debtor 1 Maria A Contreas

| art  | Report About Any Bu                                                                                                                                             | sinesses               | You Own                                                                                                                                                                                                                                                                                                                                                                                  | as a Sole Proprietor                                                                                                   |                                                                                     |  |  |  |  |
|------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|--|--|--|
| 12.  | Are you a sole proprietor of any full- or part-time business?                                                                                                   | ■ No.                  | Go to                                                                                                                                                                                                                                                                                                                                                                                    | Part 4.                                                                                                                |                                                                                     |  |  |  |  |
|      |                                                                                                                                                                 | ☐ Yes.                 | Name                                                                                                                                                                                                                                                                                                                                                                                     | and location of busines                                                                                                | s                                                                                   |  |  |  |  |
|      | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name                                                                                                                                                                                                                                                                                                                                                                                     | Name of business, if any                                                                                               |                                                                                     |  |  |  |  |
|      | If you have more than one sole proprietorship, use a separate sheet and attach                                                                                  |                        | Numb                                                                                                                                                                                                                                                                                                                                                                                     | lumber, Street, City, State & ZIP Code                                                                                 |                                                                                     |  |  |  |  |
|      | it to this petition.                                                                                                                                            |                        | Check                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                        | describe your business:                                                             |  |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                          | Health Care Business (as defined in 11 U.S.C. § 101(27A))                                                              |                                                                                     |  |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                          | Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))                                                          |                                                                                     |  |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                          | - ' '                                                                                                                  |                                                                                     |  |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                          | <del>-</del>                                                                                                           |                                                                                     |  |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                          | None of the above                                                                                                      |                                                                                     |  |  |  |  |
| 13.  | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a <i>small business</i><br>debtor?                                                  | deadlines<br>operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set approadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statemerations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the product 1 U.S.C. 1116(1)(B). |                                                                                                                        |                                                                                     |  |  |  |  |
|      | For a definition of small                                                                                                                                       | ■ No.                  | I am not filing under Chapter 11.                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                        |                                                                                     |  |  |  |  |
|      | business debtor, see 11 U.S.C. § 101(51D).                                                                                                                      | □ No.                  |                                                                                                                                                                                                                                                                                                                                                                                          | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. |                                                                                     |  |  |  |  |
|      |                                                                                                                                                                 | ☐ Yes.                 | I am fi                                                                                                                                                                                                                                                                                                                                                                                  | ing under Chapter 11 a                                                                                                 | nd I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |  |
| Part | 4: Report if You Own or                                                                                                                                         | Have Any               | Hazardo                                                                                                                                                                                                                                                                                                                                                                                  | ıs Property or Any Pro                                                                                                 | operty That Needs Immediate Attention                                               |  |  |  |  |
|      | Do you own or have any                                                                                                                                          |                        | 11020100                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                        | porty manifestation minimum and the manifestation                                   |  |  |  |  |
| 14.  | property that poses or is alleged to pose a threat of imminent and                                                                                              | ■ No. □ Yes.           | What is t                                                                                                                                                                                                                                                                                                                                                                                | ne hazard?                                                                                                             |                                                                                     |  |  |  |  |
|      | identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?                                                      |                        |                                                                                                                                                                                                                                                                                                                                                                                          | ate attention is<br>vhy is it needed?                                                                                  |                                                                                     |  |  |  |  |
|      | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?                                               |                        | Where is                                                                                                                                                                                                                                                                                                                                                                                 | the property?                                                                                                          | nber, Street, City, State & Zip Code                                                |  |  |  |  |
|      |                                                                                                                                                                 |                        |                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                        |                                                                                     |  |  |  |  |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 5 of 50

Debtor 1 Maria A Contreas

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|------------------------------------------------------|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 50 Case number (if known) Debtor 1 **Maria A Contreas** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." you have? ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **2**5,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you **\$0 - \$50,000** □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your assets to □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$50,001 - \$100,000 □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion **\$100,001 - \$500,000** □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Maria A Contreas Signature of Debtor 2 Maria A Contreas

Executed on

MM / DD / YYYY

Signature of Debtor 1

Executed on December 14, 2016

MM / DD / YYYY

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 7 of 50

Debtor 1 Maria A Contreas

Document Page 7 01 50

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Stephe      | n J. Costello          | Date          | December 14, 2016     |
|-----------------|------------------------|---------------|-----------------------|
| Signature of    | Attorney for Debtor    |               | MM / DD / YYYY        |
| <b>.</b>        |                        |               |                       |
| Stephen J       | . Costello             |               |                       |
| Printed name    |                        |               |                       |
| Costello &      | Costello               |               |                       |
| Firm name       |                        |               |                       |
| 19 N. West      | tern Ave. (RT 31)      |               |                       |
| Carpenters      | sville, IL 60110       |               |                       |
| Number, Street, | City, State & ZIP Code |               |                       |
| Contact phone   | 847-428-4544           | Email address | steve@costellolaw.com |
| 6187315         |                        |               |                       |
| Bar number & St | tate                   |               | <del></del>           |

|                                 |                         | Docum             | ent Page 8 of 50          |                                      |
|---------------------------------|-------------------------|-------------------|---------------------------|--------------------------------------|
| Fill in this inform             | nation to identify your | case:             |                           |                                      |
| Debtor 1                        | Maria A Contreas        | Middle Name       | Last Name                 |                                      |
| Debtor 2<br>(Spouse if, filing) | First Name              | Middle Name       | Last Name                 |                                      |
| United States Ba                | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVI | SION                                 |
| Case number<br>(if known)       |                         |                   |                           | ☐ Check if this is an amended filing |
|                                 |                         |                   |                           |                                      |

## Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| Par | Summarize Your Assets                                                                                                                                                                              |             |                           |
|-----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------|
|     |                                                                                                                                                                                                    |             | essets<br>of what you own |
| 1.  | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B                                                                                              | \$          | 123,500.00                |
|     | 1b. Copy line 62, Total personal property, from Schedule A/B                                                                                                                                       | \$          | 4,302.00                  |
|     | 1c. Copy line 63, Total of all property on Schedule A/B                                                                                                                                            | \$          | 127,802.00                |
| Par | t2: Summarize Your Liabilities                                                                                                                                                                     |             |                           |
|     |                                                                                                                                                                                                    |             | iabilities<br>It you owe  |
| 2.  | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$          | 183,000.00                |
| 3.  | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F                            | \$          | 0.00                      |
|     | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F                                                                                                  | \$          | 21,956.86                 |
|     | Your total liabilities                                                                                                                                                                             | \$          | 204,956.86                |
| Par | t3: Summarize Your Income and Expenses                                                                                                                                                             | 1           |                           |
| 4.  | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I                                                                                          | \$          | 4,182.18                  |
| 5.  | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J                                                                                              | \$          | 4,615.83                  |
| Par | t 4: Answer These Questions for Administrative and Statistical Records                                                                                                                             |             |                           |
| 6.  | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you                     | ur other so | hedules.                  |
| 7.  | ■ Yes What kind of debt do you have?                                                                                                                                                               |             |                           |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

page 1 of 2

the court with your other schedules.

Debtor 1 Maria A Contreas Document Page 9 of 50
Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|                                                                                                                              | Total claim |      |
|------------------------------------------------------------------------------------------------------------------------------|-------------|------|
| From Part 4 on Schedule E/F, copy the following:                                                                             |             |      |
| 9a. Domestic support obligations (Copy line 6a.)                                                                             | \$          | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)                                                    | \$          | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)                                          | \$          | 0.00 |
| 9d. Student loans. (Copy line 6f.)                                                                                           | \$          | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$          | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$         | 0.00 |
| 9g. <b>Total.</b> Add lines 9a through 9f.                                                                                   | \$          | 0.00 |

|                                                                              |                               |                                | +1 <b>3</b>    | D00 I                      |                                                                           | ument                           | Page 10 of 50                                                                                                                 | 10 12.00.00                   | <b>D</b> 000            | J WIGHT                                        |
|------------------------------------------------------------------------------|-------------------------------|--------------------------------|----------------|----------------------------|---------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-------------------------|------------------------------------------------|
|                                                                              |                               | nation to iden                 |                |                            | nis filing                                                                | :                               |                                                                                                                               |                               |                         |                                                |
| Deb                                                                          | tor 1                         | Maria A C                      | Contreas       |                            | e Name                                                                    |                                 | Last Name                                                                                                                     |                               |                         |                                                |
|                                                                              | tor 2                         |                                |                |                            |                                                                           |                                 |                                                                                                                               |                               |                         |                                                |
| (Spou                                                                        | se, if filing)                | First Name                     |                | Middle                     | e Name                                                                    |                                 | Last Name                                                                                                                     |                               |                         |                                                |
| Unite                                                                        | ed States Bar                 | nkruptcy Cour                  | t for the:     | NORTHER                    | N DISTI                                                                   | RICT OF ILLI                    | NOIS, EASTERN DIVISION                                                                                                        | 1                             |                         |                                                |
| Case                                                                         | e number                      |                                |                |                            |                                                                           |                                 | _                                                                                                                             |                               | Е                       | Check if this is an amended filing             |
| _                                                                            |                               | rm 106A                        |                |                            |                                                                           |                                 |                                                                                                                               |                               |                         |                                                |
| Sc                                                                           | hedule                        | e A/B:                         | Prop           | erty                       |                                                                           |                                 |                                                                                                                               |                               |                         | 12/15                                          |
| Part Do                                                                      | er every quest  1: Describe i | Each Residence ave any legal c | e, Buildin     | g, Land, or Ot             | her Real                                                                  | Estate You Ov                   | ne top of any additional pages wn or Have an Interest In I, land, or similar property?                                        | , <b>-</b>                    |                         | ,                                              |
| 1.1  5905 Pine Hollow Rd  Street address, if available, or other description |                               | n                              | What<br>■<br>□ | Single-family Duplex or mu | ry? Check all that apply<br>home<br>Iti-unit building<br>n or cooperative | the amount of any               | Do not deduct secured claims or exemptic<br>the amount of any secured claims on Sch<br>Creditors Who Have Claims Secured by F |                               |                         |                                                |
|                                                                              | Cornenter                     | ovilla II                      | 60             | 110 0000                   |                                                                           |                                 | d or mobile home                                                                                                              | Current value of t            |                         | Current value of the                           |
|                                                                              | Carpenters                    | sville IL                      |                | 110-0000<br>ZIP Code       |                                                                           | Land<br>Investment pi           | roperty                                                                                                                       | entire property?<br>\$247,000 |                         | portion you own?<br>\$123,500.00               |
|                                                                              | City                          | Gie                            | 116            | ZIF Code                   |                                                                           | Timeshare Other                 |                                                                                                                               | Describe the natu             | re of you<br>ble, tenan | or ownership interest cy by the entireties, or |
|                                                                              |                               |                                |                |                            | wno                                                                       | nas an interes<br>Debtor 1 only | t in the property? Check one                                                                                                  | a me estatej, n ki            | OWII.                   |                                                |
|                                                                              | Kane                          |                                |                |                            |                                                                           | Debtor 2 only                   | ,                                                                                                                             |                               |                         |                                                |
|                                                                              | County                        |                                |                |                            |                                                                           | At least one of                 | Debtor 2 only of the debtors and another you wish to add about this ite ion number:                                           | (see instructions             |                         | unity property                                 |
|                                                                              |                               |                                |                |                            | debt                                                                      | or owns jo                      | intly with husband                                                                                                            |                               |                         |                                                |
|                                                                              | pages you ha                  |                                |                |                            |                                                                           |                                 | from Part 1, including any                                                                                                    |                               |                         | \$123,500.00                                   |
| some                                                                         | one else driv                 |                                | se a vehic     | cle, also repo             | rt it on S                                                                | chedule G: E                    | whether they are registere<br>Executory Contracts and Un                                                                      |                               | any vehi                | icles you own that                             |

☐ Yes

| Debtor 1                          | Maria A Contreas                                                                        | Document                         | Page 1          | L1 of 50<br>Case number      | (if known)     |                                                                                   |
|-----------------------------------|-----------------------------------------------------------------------------------------|----------------------------------|-----------------|------------------------------|----------------|-----------------------------------------------------------------------------------|
|                                   | craft, aircraft, motor homes, Alles: Boats, trailers, motors, perso                     |                                  |                 |                              | ies            |                                                                                   |
| ■ Na                              |                                                                                         |                                  |                 |                              |                |                                                                                   |
| ■ No<br>□ Yes                     |                                                                                         |                                  |                 |                              |                |                                                                                   |
| ⊔ Yes                             |                                                                                         |                                  |                 |                              |                |                                                                                   |
|                                   | he dollar value of the portion y<br>s you have attached for Part 2.                     |                                  |                 |                              |                | \$0.00                                                                            |
| Part 3:                           | Describe Your Personal and House                                                        | hold Items                       |                 |                              |                |                                                                                   |
| Do you                            | own or have any legal or equita                                                         | ble interest in any of the follo | wing items?     |                              |                | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| <i>Exam</i> □ No                  | ehold goods and furnishings ples: Major appliances, furniture, s. Describe              | linens, china, kitchenware       |                 |                              |                |                                                                                   |
| _ 10                              |                                                                                         | d good furniture and furnis      | shings          |                              | 1              | \$2,500.00                                                                        |
|                                   |                                                                                         | - good rannearo and ranne        | gc              |                              |                |                                                                                   |
| 7. Electr<br>Exam                 | onics  ples: Televisions and radios; aud including cell phones, came                    |                                  | uipment; com    | puters, printers, scanners   | s; music colle | ections; electronic devices                                                       |
| ■ No                              | s. Describe                                                                             |                                  |                 |                              |                |                                                                                   |
| Exam                              | ctibles of value<br>ples: Antiques and figurines; pair<br>other collections, memorab    | • .                              | ooks, picture   | s, or other art objects; sta | amp, coin, or  | baseball card collections;                                                        |
| ■ No                              | s. Describe                                                                             |                                  |                 |                              |                |                                                                                   |
| Exam                              | ment for sports and hobbies<br>ples: Sports, photographic, exerc<br>musical instruments | ise, and other hobby equipment   | t; bicycles, po | ool tables, golf clubs, skis | ; canoes and   | kayaks; carpentry tools;                                                          |
| ■ No                              | s. Describe                                                                             |                                  |                 |                              |                |                                                                                   |
| 10. Firea                         | ı <b>rms</b><br>mples: Pistols, rifles, shotguns, aı                                    | mmunition, and related equipme   | ent             |                              |                |                                                                                   |
| ■ No                              | s. Describe                                                                             |                                  |                 |                              |                |                                                                                   |
| 11. <b>Clot</b> l <i>Exa</i> □ No | mples: Everyday clothes, furs, lea                                                      | uther coats, designer wear, shoe | es, accessori   | es                           |                |                                                                                   |
|                                   | s. Describe                                                                             |                                  |                 |                              |                |                                                                                   |
|                                   | necessary                                                                               | wearing apparel                  |                 |                              | ]              | \$400.00                                                                          |
| □ No                              | mples: Everyday jewelry, costume                                                        | e jewelry, engagement rings, we  | edding rings,   | heirloom jewelry, watches    | s, gems, gold  | , silver                                                                          |
| . •                               |                                                                                         | ings, misc jewelry               |                 |                              | 1              | \$400.00                                                                          |
|                                   | Wedding r                                                                               | inas, misc ieweirv               |                 |                              | 1              | <b>5400.00</b>                                                                    |

Official Form 106A/B Schedule A/B: Property page 2

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Page 12 of 50

Case number (if known) Document Debtor 1 Maria A Contreas 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3,300.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ Yes..... 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: Yes..... Chase checking account \$2.00 checking account joint checking with husband at Chase \$1,000.00 17.2. 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Type of account: Institution name:

Schedule A/B: Property

Retirement from Sky Chef

Official Form 106A/B

Pension

page 3

Unknown

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Page 13 of 50

Case number (if known) Document Debtor 1 **Maria A Contreas** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No

#### 30. Other amounts someone owes you

☐ Yes. Give specific information..

#### 31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

No

☐ Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

#### 32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

No

☐ Yes. Give specific information...

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Page 14 of 50 Case number (if known) Document Debtor 1 **Maria A Contreas** 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ☐ Yes. Describe each claim....... ☐ Yes. Describe each claim....... ■ No ☐ Yes. Give specific information.. for Part 4. Write that number here.....

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims 35. Any financial assets you did not already list 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$1,002.00 Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here ...... \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$123,500.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$3,300.00 58. Part 4: Total financial assets, line 36 \$1,002.00 59. Part 5: Total business-related property, line 45 \$0.00 60. Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 62. Total personal property. Add lines 56 through 61... \$4,302.00 Copy personal property total

\$4,302.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$127,802.00

|                                         |                         | 1700.111110.      |                               |    |                     |
|-----------------------------------------|-------------------------|-------------------|-------------------------------|----|---------------------|
| Fill in this inform                     | mation to identify your | case:             |                               |    |                     |
| Debtor 1                                | Maria A Contreas        |                   |                               |    |                     |
|                                         | First Name              | Middle Name       | Last Name                     |    |                     |
| Debtor 2                                |                         |                   |                               |    |                     |
| (Spouse if, filing)                     | First Name              | Middle Name       | Last Name                     |    |                     |
| United States Bankruptcy Court for the: |                         | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION | ON |                     |
| Case number                             |                         |                   |                               |    |                     |
| (if known)                              |                         |                   |                               |    | Check if this is an |
|                                         |                         |                   |                               |    | amended filing      |

## Official Form 106C

## Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| 1. | Which set of exemp | otions are | you claiming? | Check one only | , even if | your spouse is | s filing with | you. |
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|
|----|--------------------|------------|---------------|----------------|-----------|----------------|---------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim                                 | Specific laws that allow exemption |
|-------------------------------------------------------------------------------------|--------------------------------------|-----|-----------------------------------------------------------------|------------------------------------|
|                                                                                     | Copy the value from<br>Schedule A/B  | Che | eck only one box for each exemption.                            |                                    |
| 5905 Pine Hollow Rd Carpentersville, IL 60110 Kane County                           | \$123,500.00                         |     | \$15,000.00                                                     | 735 ILCS 5/12-901                  |
| debtor owns jointly with husband<br>Line from Schedule A/B: 1.1                     |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| Household good furniture and furnishings                                            | \$2,500.00                           |     | \$2,500.00                                                      | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: <b>6.1</b>                                                  |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| necessary wearing apparel                                                           | \$400.00                             |     | \$400.00                                                        | 735 ILCS 5/12-1001(a)              |
| Ellio II oli                                    |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| wedding rings, misc jewelry Line from Schedule A/B: 12.1                            | \$400.00                             |     | \$400.00                                                        | 735 ILCS 5/12-1001(b)              |
| Ellio II oli                                    |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |
| checking account: Chase checking account                                            | \$2.00                               |     | \$2.00                                                          | 735 ILCS 5/12-1001(b)              |
| Line from Schedule A/B: 17.1                                                        |                                      |     | 100% of fair market value, up to any applicable statutory limit |                                    |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Page 16 of 50 Document Case number (if known) Debtor 1 Maria A Contreas Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B joint checking with husband at 735 ILCS 5/12-1001(b) \$1,000.00 \$1,000.00 Chase 100% of fair market value, up to Line from Schedule A/B: 17.2 any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Yes

| STERN DIVISION                                       | _                                                                      |                                                                                                                                                                                                                                                              |
|------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| STERN DIVISION                                       | _                                                                      |                                                                                                                                                                                                                                                              |
| STERN DIVISION                                       | _                                                                      |                                                                                                                                                                                                                                                              |
| STERN DIVISION                                       | _                                                                      |                                                                                                                                                                                                                                                              |
|                                                      | _                                                                      |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        | if this is an<br>led filing                                                                                                                                                                                                                                  |
| ed by Property                                       |                                                                        | 12/15                                                                                                                                                                                                                                                        |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
| You have nothing else to report                      | on this form.                                                          |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
| s Amount of claim Value of Do not deduct the that su | of collateral                                                          | Column C Unsecured portion If any                                                                                                                                                                                                                            |
|                                                      | 247,000.00                                                             | \$0.00                                                                                                                                                                                                                                                       |
|                                                      | ,                                                                      |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
| secured                                              |                                                                        |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
|                                                      |                                                                        |                                                                                                                                                                                                                                                              |
| 9                                                    |                                                                        |                                                                                                                                                                                                                                                              |
| )                                                    |                                                                        |                                                                                                                                                                                                                                                              |
| tes                                                  | . You have nothing else to report the self of the value of collateral. | equally responsible for supplying correct informa.  On the top of any additional pages, write your nate.  You have nothing else to report on this form.  Column A Amount of claim Do not deduct the value of collateral. \$183,000.00  \$247,000.00  secured |

Add the dollar value of your entries in Column A on this page. Write that number here: \$183,000.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$183,000.00

### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

|                          | Ou                                                                  | 30 10 00 +10                                                                             | Documen                                                                                             | t Page 1                                    | 8 of 50                                                                                                                                            | , ,                     | o mani                         |
|--------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------|
| Filli                    | n this inform                                                       | nation to identify your                                                                  |                                                                                                     | 1 7000                                      |                                                                                                                                                    |                         |                                |
| Debt                     | or 1                                                                | Maria A Contreas                                                                         |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
| DOD                      | .01 1                                                               | First Name                                                                               | Middle Name                                                                                         | Last Name                                   |                                                                                                                                                    |                         |                                |
| Debt                     |                                                                     |                                                                                          |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
| (Spou                    | se if, filing)                                                      | First Name                                                                               | Middle Name                                                                                         | Last Name                                   |                                                                                                                                                    |                         |                                |
| Unite                    | ed States Bar                                                       | nkruptcy Court for the:                                                                  | NORTHERN DISTRICT C                                                                                 | OF ILLINOIS, EAS                            | TERN DIVISION                                                                                                                                      |                         |                                |
| Case                     | e number                                                            |                                                                                          |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
| (if kno                  |                                                                     |                                                                                          |                                                                                                     |                                             |                                                                                                                                                    | ☐ C                     | neck if this is an             |
|                          |                                                                     |                                                                                          |                                                                                                     |                                             |                                                                                                                                                    | ar                      | nended filing                  |
| Դffi.                    | cial Form                                                           | 106E/E                                                                                   |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
|                          |                                                                     |                                                                                          | ho Have Unsecur                                                                                     | rad Claims                                  |                                                                                                                                                    |                         | 12/15                          |
|                          |                                                                     |                                                                                          |                                                                                                     |                                             | Part 2 for creditors with NONPRI                                                                                                                   | OPITY clair             |                                |
| iched<br>iched<br>eft. A | lule G: Execut<br>lule D: Credito<br>ttach the Cont<br>and case num | ory Contracts and Unexpors Who Have Claims Sectinuation Page to this pagaber (if known). | ired Leases (Official Form 106<br>ured by Property. If more space<br>le. If you have no information | 6G). Do not include<br>ce is needed, copy t | contracts on Schedule A/B: Prop<br>any creditors with partially secu<br>the Part you need, fill it out, num<br>do not file that Part. On the top o | red claims to the enti- | that are listed in ries in the |
| Part                     |                                                                     | l of Your PRIORITY Un                                                                    |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
| _                        | _                                                                   | rs have priority unsecure                                                                | d claims against you?                                                                               |                                             |                                                                                                                                                    |                         |                                |
| _                        | No. Go to Pa                                                        | art 2.                                                                                   |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
|                          | Yes.                                                                | I - ( V - ···· NONDDIODIT                                                                | N Harrison I Olehar                                                                                 |                                             |                                                                                                                                                    |                         |                                |
| Part                     |                                                                     | of Your NONPRIORIT                                                                       |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
|                          | _                                                                   |                                                                                          | cured claims against you?                                                                           |                                             |                                                                                                                                                    |                         |                                |
|                          | → No. You hav                                                       | re nothing to report in this pa                                                          | art. Submit this form to the cour                                                                   | t with your other sche                      | dules.                                                                                                                                             |                         |                                |
| ı                        | Yes.                                                                |                                                                                          |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
| t                        | insecured claim                                                     | n, list the creditor separately                                                          | y for each claim. For each claim                                                                    | listed, identify what t                     | b holds each claim. If a creditor has<br>ype of claim it is. Do not list claims<br>three nonpriority unsecured claim                               | already incl            | uded in Part 1. If more        |
|                          |                                                                     |                                                                                          |                                                                                                     |                                             |                                                                                                                                                    |                         | Total claim                    |
| 4.1                      | Banque                                                              | t Financial                                                                              | Last 4 digits of                                                                                    | of account number                           | 6241                                                                                                                                               |                         | \$715.00                       |
|                          |                                                                     | Creditor's Name                                                                          |                                                                                                     |                                             | 0044                                                                                                                                               | -                       |                                |
|                          | Elain. IL                                                           | undee Ave Unit A<br>60120                                                                | wnen was the                                                                                        | e debt incurred?                            | 2014                                                                                                                                               |                         |                                |
|                          |                                                                     | reet City State Zlp Code                                                                 | As of the date                                                                                      | you file, the claim i                       | s: Check all that apply                                                                                                                            |                         |                                |
|                          | Who incur                                                           | red the debt? Check one.                                                                 |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
|                          | Debtor                                                              | 1 only                                                                                   | ☐ Contingent                                                                                        |                                             |                                                                                                                                                    |                         |                                |
|                          | ☐ Debtor                                                            | 2 only                                                                                   | ☐ Unliquidate                                                                                       | d                                           |                                                                                                                                                    |                         |                                |
|                          | ☐ Debtor                                                            | 1 and Debtor 2 only                                                                      | ☐ Disputed                                                                                          |                                             |                                                                                                                                                    |                         |                                |
|                          | ☐ At least                                                          | one of the debtors and and                                                               | Juioi                                                                                               | RIORITY unsecured                           | ł claim:                                                                                                                                           |                         |                                |
|                          | ☐ Check<br>debt                                                     | if this claim is for a comr                                                              |                                                                                                     |                                             |                                                                                                                                                    |                         |                                |
|                          |                                                                     | n subject to offset?                                                                     |                                                                                                     |                                             | ration agreement or divorce that y                                                                                                                 | ou did not              |                                |
|                          | ■ No                                                                | -                                                                                        |                                                                                                     | •                                           | g plans, and other similar debts                                                                                                                   |                         |                                |
|                          | ☐ Yes                                                               |                                                                                          | Other Spec                                                                                          | cify personal lo                            | an                                                                                                                                                 |                         |                                |
|                          |                                                                     |                                                                                          | — Other Oper                                                                                        | ·, <u>.</u>                                 |                                                                                                                                                    |                         |                                |

Document Page 19 of 50 Debtor 1 Maria A Contreas Case number (if know) 4.2 \$920.00 **Best Buy Citibank Visa** Last 4 digits of account number 3912 Nonpriority Creditor's Name When was the debt incurred? 2016 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify credit card purchases 4.3 **CAPITAL ONE** Last 4 digits of account number 9966 \$221.98 Nonpriority Creditor's Name PO BOX 60000 When was the debt incurred? 2016 SEATTLE, WA. 98190-6000 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card purchases ☐ Yes 4.4 **Comenity Bank/Carsons** Last 4 digits of account number 7221 \$277.88 Nonpriority Creditor's Name **Bankruptcy Department** When was the debt incurred? 2016 PO BOX 182125 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No
□ Yes

report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

■ Other. Specify credit card purchases

Is the claim subject to offset?

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 20 of 50

Debtor 1 Maria A Contreas Case number (if know) 4.5 \$125.00 Complete payment Recovery svc Last 4 digits of account number 5562 Nonpriority Creditor's Name 3500 5th Street When was the debt incurred? 2015 Northport, AL 35476 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify collections ☐ Yes 4.6 \$2,400.00 **Consumer Financial Services** Last 4 digits of account number 7119 Nonpriority Creditor's Name 1052 Dundee Avenue When was the debt incurred? 2016 Elain. IL 60120 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes personal loan Other. Specify Costco Anywhere Visa Card Citi 4.7 Last 4 digits of account number 5738 \$4,059.78 Nonpriority Creditor's Name PO BOX 790046 When was the debt incurred? 2016 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify credit card purchases

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 21 of 50

Debtor 1 Maria A Contreas Case number (if know) 4.8 \$300.00 **Credit One Bank** Last 4 digits of account number 4043 Nonpriority Creditor's Name PO Box 98873 When was the debt incurred? 2016 Las Vegas, NV 89193 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify credit card purchases ☐ Yes 4.9 \$500.00 Kane County State's Attorney Last 4 digits of account number 1383 Nonpriority Creditor's Name PO Box 35 When was the debt incurred? 2016 South Elgin, IL 60177 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **NSF Fees** Other. Specify 4.1 Macy's 9670 \$742.36 Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Processing** When was the debt incurred? 2016 PO Box 8053 Mason, OH 45040 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify credit card purchases

Entered 12/15/16 12:59:58 Case 16-39479 Doc 1 Filed 12/15/16 Desc Main Document

Page 22 of 50 Case number (if know) Debtor 1 Maria A Contreas 4.1 One Main Financial, Inc 1614 \$7,509.00 Last 4 digits of account number Nonpriority Creditor's Name 2038 N Richmond Road When was the debt incurred? 2015 McHenry, IL 60050 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify personal loan ☐ Yes 4.1 **Sears Credit Card** 3247 \$2,049.73 Last 4 digits of account number Nonpriority Creditor's Name PO Box 183082 When was the debt incurred? 2016 Columbus, Oh 43218-3082 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit card purchases ☐ Yes 4.1 St Alexian Medical Center 4576 \$732.97 Last 4 digits of account number Nonpriority Creditor's Name 22589 Network Place When was the debt incurred? 2016 Chicago, IL 60673-1225 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\hfill\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No lacksquare Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify medical

Official Form 106 E/F

| Debtor             | Maria A Contreas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Document Page 2                                                                                                                                                                      | 3 of 5<br>Case n | 0<br>umber (if know) |                           |                   |
|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------|---------------------------|-------------------|
| 4.1<br>4           | Synchrony Bank/HH Gregg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Last 4 digits of account number                                                                                                                                                      | 6421             |                      |                           | \$956.27          |
|                    | Nonpriority Creditor's Name Attn: Bankruptcy Dept Orlando. FL 32896                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | When was the debt incurred?                                                                                                                                                          | 2016             |                      |                           |                   |
| -                  | Number Street City State Zlp Code  Who incurred the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | As of the date you file, the claim                                                                                                                                                   | is: Check        | all that apply       |                           |                   |
|                    | ■ Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Contingent                                                                                                                                                                         |                  |                      |                           |                   |
|                    | ☐ Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Unliquidated                                                                                                                                                                       |                  |                      |                           |                   |
|                    | Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ☐ Disputed                                                                                                                                                                           |                  |                      |                           |                   |
|                    | ☐ At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Type of NONPRIORITY unsecure                                                                                                                                                         | d claim:         |                      |                           |                   |
|                    | ☐ Check if this claim is for a community                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Student loans                                                                                                                                                                      |                  |                      |                           |                   |
|                    | debt Is the claim subject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Obligations arising out of a separeport as priority claims                                                                                                                         | aration ag       | reement or divor     | ce that you did not       |                   |
|                    | ■ No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Debts to pension or profit-sharing                                                                                                                                                   | ng plans, a      | and other similar    | debts                     |                   |
|                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other. Specify credit card                                                                                                                                                           | purcha           | ases                 |                           |                   |
| 4.1                | Synchrony Bank/Lowe's Credit<br>Card                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Last 4 digits of account number                                                                                                                                                      | 3405             |                      |                           | \$446.89          |
|                    | Nonpriority Creditor's Name Bankruptcy Dept. PO BOX 965060 Orlando, FL 32896                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | When was the debt incurred?                                                                                                                                                          | 2016             |                      |                           |                   |
| -                  | Number Street City State Zlp Code Who incurred the debt? Check one.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | As of the date you file, the claim                                                                                                                                                   | is: Check        | all that apply       |                           |                   |
|                    | ■ Debtor 1 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Contingent                                                                                                                                                                         |                  |                      |                           |                   |
|                    | ☐ Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ☐ Unliquidated                                                                                                                                                                       |                  |                      |                           |                   |
|                    | ☐ Debtor 1 and Debtor 2 only                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | ☐ Disputed                                                                                                                                                                           |                  |                      |                           |                   |
|                    | ☐ At least one of the debtors and another                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Type of NONPRIORITY unsecure                                                                                                                                                         | d claim:         |                      |                           |                   |
|                    | ☐ Check if this claim is for a community                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ☐ Student loans                                                                                                                                                                      |                  |                      |                           |                   |
|                    | debt Is the claim subject to offset?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ☐ Obligations arising out of a separeport as priority claims                                                                                                                         | aration ag       | reement or divor     | ce that you did not       |                   |
|                    | No                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Debts to pension or profit-sharing                                                                                                                                                   | ng plans, a      | and other similar    | debts                     |                   |
|                    | Yes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Other. Specify credit card                                                                                                                                                           | purcha           | ases                 |                           |                   |
| is tryii<br>have r | List Others to Be Notified About a De is page only if you have others to be notified and to collect from you for a debt you owe to so nore than one creditor for any of the debts that of for any debts in Parts 1 or 2, do not fill out of Add the Amounts for Each Type of University of the Add the Amounts for Each Type of University of the Add the Amounts for Each Type of University of the Add the Amounts for Each Type of University of the Add the Amounts for Each Type of University of the Add the Amounts for Each Type of University of the Add the Amounts for Each Type of University of the Add the Amounts for Each Type of University of the Each Type of University of Univer | about your bankruptcy, for a debt that your bankruptcy, for a debt that your else, list the original creditor in the you listed in Parts 1 or 2, list the addition submit this page. | Parts 1          | or 2, then list th   | e collection agency here. | Similarly, if you |
|                    | he amounts of certain types of unsecured cla<br>f unsecured claim.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ims. This information is for statistical r                                                                                                                                           | eporting         |                      | ·                         | mounts for each   |
|                    | 6a. Domestic support obligations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S                                                                                                                                                                                    | 6a.              | \$                   | tal Claim<br>0.00         |                   |
| 1                  | oa. Domestie Support obligation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <del>-</del>                                                                                                                                                                         | <b>.</b>         | Ψ                    | 0.00                      |                   |
| cla<br>from Pa     | aims art 1 6b. Taxes and certain other debt                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | s you owe the government                                                                                                                                                             | 6b.              | ¢                    | 0.00                      |                   |
| .i Oili F          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | injury while you were intoxicated                                                                                                                                                    | 6c.              | \$<br>\$             | 0.00<br>0.00              |                   |
|                    | ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | secured claims. Write that amount here.                                                                                                                                              | 6d.              | \$                   | 0.00                      |                   |
|                    | 6e. Total Priority. Add lines 6a thr                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ough 6d.                                                                                                                                                                             | 6e.              | \$                   | 0.00                      |                   |

| Total claims |
|--------------|
| from Part 2  |

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

Obligations arising out of a separation agreement or divorce that

6g.

Student loans

you did not report as priority claims

Total Claim

0.00

0.00

6f.

6g.

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Page 24 of 50 Case number (if know) Document

Debtor 1 Maria A Contreas

| 6h. | Debts to pension or profit-sharing plans, and other similar debts                 | 6h. | \$<br>0.00      |
|-----|-----------------------------------------------------------------------------------|-----|-----------------|
| 6i. | <b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$<br>21,956.86 |
| 6j. | Total Nonpriority. Add lines 6f through 6i.                                       | 6j. | \$<br>21,956.86 |

Official Form 106 E/F

|                                         |                          | 1700.11111        | :III                          |
|-----------------------------------------|--------------------------|-------------------|-------------------------------|
| Fill in this infor                      | rmation to identify your | case:             |                               |
| Debtor 1                                | Maria A Contreas         | <b>S</b>          |                               |
|                                         | First Name               | Middle Name       | Last Name                     |
| Debtor 2                                |                          |                   |                               |
| (Spouse if, filing)                     | First Name               | Middle Name       | Last Name                     |
| United States Bankruptcy Court for the: |                          | NORTHERN DISTRICT | OF ILLINOIS, EASTERN DIVISION |
| Case number                             |                          |                   |                               |
| (if known)                              |                          |                   |                               |

## Official Form 106G

## **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

|     | Person or | company wit<br>Name, Numb | h whom you have the er, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-------------------------------------------------------|-------------------|-----------------------------------------|
| 2.1 |           |                           |                                                       |                   |                                         |
|     | Name      |                           |                                                       |                   | _                                       |
|     | Number    | Street                    |                                                       |                   |                                         |
|     | City      |                           | State                                                 | ZIP Code          | _                                       |
| 2.2 |           |                           |                                                       |                   |                                         |
|     | Name      |                           |                                                       |                   | _                                       |
|     | Number    | Street                    |                                                       |                   | _                                       |
|     | City      |                           | State                                                 | ZIP Code          |                                         |
| 2.3 |           |                           |                                                       |                   |                                         |
|     | Name      |                           |                                                       |                   | _                                       |
|     | Number    | Street                    |                                                       |                   | _                                       |
|     | City      |                           | State                                                 | ZIP Code          | <del>_</del>                            |
| 2.4 | -         |                           |                                                       |                   |                                         |
|     | Name      |                           |                                                       |                   | _                                       |
|     | Number    | Street                    |                                                       |                   | _                                       |
|     | City      |                           | State                                                 | ZIP Code          | <del>_</del>                            |
| 2.5 |           |                           |                                                       |                   |                                         |
|     | Name      |                           |                                                       |                   | _                                       |
|     | Number    | Street                    |                                                       |                   | _                                       |
|     | City      |                           | State                                                 | ZIP Code          | <del>_</del>                            |
|     | ,         |                           | <b>3.</b>                                             |                   |                                         |

|                             |                                                                       | Document                        | t Page 26 of 50              | 1                                                                                                                                                 |        |
|-----------------------------|-----------------------------------------------------------------------|---------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|--------|
| Fill in this                | s information to identify your                                        | case:                           |                              |                                                                                                                                                   |        |
| Debtor 1                    | Maria A Contreas                                                      |                                 |                              |                                                                                                                                                   |        |
| Dahtaro                     | First Name                                                            | Middle Name                     | Last Name                    |                                                                                                                                                   |        |
| Debtor 2<br>(Spouse if, fil | ing) First Name                                                       | Middle Name                     | Last Name                    |                                                                                                                                                   |        |
| United Sta                  | ates Bankruptcy Court for the:                                        | NORTHERN DISTRICT O             | F ILLINOIS, EASTERN DIVI     | ISION                                                                                                                                             |        |
| Case num                    | nber                                                                  |                                 |                              |                                                                                                                                                   |        |
| (if known)                  |                                                                       |                                 |                              | ☐ Check if this is an amended filing                                                                                                              |        |
|                             | ll Form 106H                                                          |                                 |                              |                                                                                                                                                   |        |
| Sched                       | dule H: Your Cod                                                      | ebtors                          |                              | 12/1                                                                                                                                              | 15     |
| ☐ No<br>■ Ye                | s                                                                     | ı lived in a community prop     | erty state or territory? (Co | ommunity property states and territories include                                                                                                  |        |
| ■ No                        | . Go to line 3.                                                       |                                 |                              |                                                                                                                                                   |        |
| ☐ Ye                        | s. Did your spouse, former spou                                       | use, or legal equivalent live w | rith you at the time?        |                                                                                                                                                   |        |
| in line<br>Form             | e 2 again as a codebtor only i                                        | f that person is a guarantoi    | r or cosigner. Make sure ye  | r spouse is filing with you. List the person sh<br>you have listed the creditor on Schedule D (Off<br>Jse Schedule D, Schedule E/F, or Schedule G | ficial |
|                             | Column 1: Your codebtor<br>Name, Number, Street, City, State and ZI   | P Code                          |                              | Column 2: The creditor to whom you owe the do Check all schedules that apply:                                                                     | ebt    |
| 3.1                         | Marco Contreas<br>5905 Pine Hollow Road<br>Carpentersville, IL 60110- | 3366                            |                              | Schedule D, line Schedule E/F, line Schedule G caliber Home Loans                                                                                 |        |

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# Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 27 of 50

| Fill                            | in this information to identify your c                                                                                                                       | ase:                                                  |                                                 |                        |                 |                                       |                                         |                      |  |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------|------------------------|-----------------|---------------------------------------|-----------------------------------------|----------------------|--|
|                                 | otor 1 Maria A Cor                                                                                                                                           |                                                       |                                                 |                        |                 |                                       |                                         |                      |  |
|                                 | otor 2 use, if filing)                                                                                                                                       |                                                       |                                                 |                        | _               |                                       |                                         |                      |  |
| Uni                             | ted States Bankruptcy Court for the                                                                                                                          | : NORTHERN DISTRIC                                    | CT OF ILLINOIS, EAS                             | STERN                  |                 |                                       |                                         |                      |  |
|                                 | se number<br>own)                                                                                                                                            |                                                       | -                                               |                        |                 |                                       | -                                       |                      |  |
| <u>O</u> 1                      | fficial Form 106I                                                                                                                                            |                                                       |                                                 |                        |                 | MM / DD/ \                            | YYYY                                    |                      |  |
| S                               | chedule I: Your Inc                                                                                                                                          | ome                                                   |                                                 |                        |                 |                                       |                                         | 12/15                |  |
| sup <sub>i</sub><br>spo<br>atta | is complete and accurate as posplying correct information. If you use. If you are separated and you have a separate sheet to this form.  Describe Employment | are married and not fili<br>ir spouse is not filing w | ng jointly, and your :<br>ith you, do not inclu | spouse is<br>de inform | s livi<br>natio | ng with you, incl<br>on about your sp | ude information abouse. If more space i | ut your<br>s needed, |  |
| 1.                              | Fill in your employment information.                                                                                                                         |                                                       | Debtor 1                                        |                        |                 | Debtor                                | 2 or non-filing spous                   | е                    |  |
|                                 | If you have more than one job,                                                                                                                               | Employment status                                     | ■ Employed                                      |                        |                 | ■ Empl                                | ■ Employed                              |                      |  |
|                                 | attach a separate page with information about additional employers.                                                                                          | Employment status                                     | ☐ Not employed                                  |                        |                 | □ Not e                               | ☐ Not employed                          |                      |  |
|                                 |                                                                                                                                                              | Occupation                                            | retired                                         |                        |                 | retired                               |                                         |                      |  |
|                                 | Include part-time, seasonal, or self-employed work.                                                                                                          | Employer's name                                       |                                                 |                        |                 |                                       |                                         |                      |  |
|                                 | Occupation may include student or homemaker, if it applies.                                                                                                  | Employer's address                                    |                                                 |                        |                 |                                       |                                         |                      |  |
|                                 |                                                                                                                                                              | How long employed t                                   | here?                                           |                        |                 |                                       |                                         |                      |  |
| Par                             | t 2: Give Details About Mo                                                                                                                                   | nthly Income                                          |                                                 |                        |                 |                                       |                                         |                      |  |
| spou                            | mate monthly income as of the duse unless you are separated.                                                                                                 | •                                                     | ,                                               |                        |                 |                                       | ,                                       | Ū                    |  |
|                                 | u or your non-filing spouse have m<br>e space, attach a separate sheet to                                                                                    |                                                       | ombine the informatio                           | n for all ei           | mplo            | yers for that perso                   | on on the lines below.                  | If you need          |  |
|                                 |                                                                                                                                                              |                                                       |                                                 |                        |                 | For Debtor 1                          | For Debtor 2 or non-filing spouse       |                      |  |
| 2.                              | List monthly gross wages, sala deductions). If not paid monthly,                                                                                             |                                                       |                                                 | 2.                     | \$              | 0.00                                  | \$                                      | <b>)</b>             |  |
| 3.                              | Estimate and list monthly over                                                                                                                               | ime pay.                                              |                                                 | 3.                     | +\$             | 0.00                                  | +\$0.00                                 | <u>)</u>             |  |
| 4.                              | Calculate gross Income. Add li                                                                                                                               | ne 2 + line 3.                                        |                                                 | 4.                     | \$              | 0.00                                  | \$\$                                    |                      |  |

# Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 28 of 50

| Deb | tor 1         | Maria A Contreas                                                                                                                                                                                                                                                                                    | -          | C  | ase         | number (if known) |          |                  |                                 |                                              |
|-----|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----|-------------|-------------------|----------|------------------|---------------------------------|----------------------------------------------|
|     |               |                                                                                                                                                                                                                                                                                                     |            |    | For         | Debtor 1          |          | or Debtor        |                                 |                                              |
|     | Cop           | y line 4 here                                                                                                                                                                                                                                                                                       | 4.         |    | \$          | 0.00              | \$       |                  | 0.00                            | <u>)</u>                                     |
| 5.  | List          | all payroll deductions:                                                                                                                                                                                                                                                                             |            |    |             |                   |          |                  |                                 |                                              |
|     | 5a.           | Tax, Medicare, and Social Security deductions                                                                                                                                                                                                                                                       | 5a.        |    | \$          | 0.00              | \$       |                  | 0.00                            | )                                            |
|     | 5b.           | Mandatory contributions for retirement plans                                                                                                                                                                                                                                                        | 5b.        |    | \$_         | 0.00              | \$       |                  | 0.00                            | <del>-</del>                                 |
|     | 5c.           | Voluntary contributions for retirement plans                                                                                                                                                                                                                                                        | 5c.        |    | \$          | 0.00              | \$       |                  | 0.00                            | <del>-</del>                                 |
|     | 5d.           | Required repayments of retirement fund loans                                                                                                                                                                                                                                                        | 5d.        |    | \$_         | 0.00              | \$       |                  | 0.00                            | )                                            |
|     | 5e.           | Insurance                                                                                                                                                                                                                                                                                           | 5e.        |    | \$          | 0.00              | \$       |                  | 0.00                            |                                              |
|     | 5f.           | Domestic support obligations                                                                                                                                                                                                                                                                        | 5f.        |    | \$_         | 0.00              | \$       |                  | 0.00                            | _                                            |
|     | 5g.           | Union dues                                                                                                                                                                                                                                                                                          | 5g.        |    | \$_         | 0.00              | \$       |                  | 0.00                            | _                                            |
|     | 5h.           | Other deductions. Specify:                                                                                                                                                                                                                                                                          | 5h.        | .+ | \$          | 0.00              | + \$     |                  | 0.00                            | <u>)                                    </u> |
| 6.  | Add           | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.                                                                                                                                                                                                                                        | 6.         | ;  | \$          | 0.00              | \$       |                  | 0.00                            | <u>)                                    </u> |
| 7.  | Cal           | culate total monthly take-home pay. Subtract line 6 from line 4.                                                                                                                                                                                                                                    | 7.         | ;  | \$_         | 0.00              | \$       |                  | 0.00                            | <u>)                                    </u> |
| 8.  | List<br>8a.   | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total                                         | 90         |    | ¢           | 0.00              | Φ.       |                  | 0.04                            |                                              |
|     | 8b.           | monthly net income. Interest and dividends                                                                                                                                                                                                                                                          | 8a.<br>8b. |    | \$<br>\$    | 0.00              | \$<br>\$ |                  | 0.00                            |                                              |
|     | 8c.           | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.                                                                                                  |            |    | \$_<br>\$   | 0.00              | \$       |                  | 0.00                            | _                                            |
|     | 8d.           | Unemployment compensation                                                                                                                                                                                                                                                                           | 8d.        |    | <b>\$</b> — | 0.00              | \$       |                  | 0.00                            |                                              |
|     | 8e.           | Social Security                                                                                                                                                                                                                                                                                     | 8e.        |    | \$<br>_     | 1,210.90          | \$       |                  | ,410.06                         |                                              |
|     | 8f.<br>8g.    | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income |            |    | \$_<br>\$_  | 0.00              | \$       |                  | 0.00                            | <u> </u>                                     |
|     | 8h.           | Other monthly income. Specify:                                                                                                                                                                                                                                                                      | 8h.        |    | \$          | 0.00              | + \$     |                  | 0.00                            |                                              |
| 9.  | Add           | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.                                                                                                                                                                                                                                              | 9.         | \$ | <u> </u>    | 1,776.72          | \$       |                  | 2,405.4                         | 16                                           |
| 10  | Cald          | culate monthly income. Add line 7 + line 9.                                                                                                                                                                                                                                                         | 10.        | Φ. |             | 1,776.72 + \$     |          | 2,405.46         | = \$                            | 4.182.18                                     |
| 10. |               | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.                                                                                                                                                                                                                              | 10.        | Φ_ |             | 1,770.72          |          | 2,405.46         | -   <del>-</del>   <del>-</del> | 4,102.10                                     |
| 11. | Inclu<br>othe | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your or friends or relatives.  not include any amounts already included in lines 2-10 or amounts that are not a cify:                          | depe       |    | ,           | •                 | ,        | n <i>Schedul</i> | le J.<br>+\$                    | 0.00                                         |
| 12. |               | I the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certailies                                                                                                                                         |            |    |             |                   |          |                  | \$                              | 4,182.18                                     |
| 13  | Do            | you expect an increase or decrease within the year after you file this form                                                                                                                                                                                                                         | ?          |    |             |                   |          |                  | Comb<br>month                   | ined<br>Ily income                           |
| 10. | <b>=</b>      | No.                                                                                                                                                                                                                                                                                                 | •          |    |             |                   |          |                  |                                 |                                              |
|     | _             | Yes Explain:                                                                                                                                                                                                                                                                                        |            |    |             |                   |          |                  |                                 |                                              |

# Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 29 of 50

| Fill  | in this informa               | tion to identify yo                                 | our case:                |                                                                           |                                         |                 |                   |                                               |
|-------|-------------------------------|-----------------------------------------------------|--------------------------|---------------------------------------------------------------------------|-----------------------------------------|-----------------|-------------------|-----------------------------------------------|
| Deb   |                               | Maria A Con                                         |                          |                                                                           |                                         | Check           | c if this is:     |                                               |
|       |                               |                                                     |                          |                                                                           |                                         | _               | An amended filing |                                               |
|       | tor 2<br>ouse, if filing)     |                                                     |                          |                                                                           |                                         |                 |                   | ving postpetition chapter the following date: |
| Unite | ed States Bankr               | uptcy Court for the                                 |                          | IERN DISTRICT OF ILLIN<br>RN DIVISION                                     | OIS,                                    |                 | MM / DD / YYYY    |                                               |
|       | e number<br>nown)             |                                                     |                          |                                                                           |                                         |                 |                   |                                               |
| Of    | ficial Fo                     | rm 106J                                             |                          |                                                                           |                                         | I               |                   |                                               |
|       |                               | J: Your                                             |                          |                                                                           |                                         |                 |                   | 12/15                                         |
| info  | ormation. If m                |                                                     | eded, atta<br>ry questio | . If two married people ar<br>ch another sheet to this<br>n.              |                                         |                 |                   |                                               |
| 1.    | Is this a joir                |                                                     | iloiu                    |                                                                           |                                         |                 |                   |                                               |
|       | ■ No. Go to □ Yes. <b>Doe</b> |                                                     | in a separ               | ate household?                                                            |                                         |                 |                   |                                               |
|       | □ N<br>□ Y                    | -                                                   | st file Offici           | al Form 106J-2, <i>Expenses</i>                                           | for Separate House                      | ehold of Debto  | or 2.             |                                               |
| 2.    | Do you have                   | e dependents?                                       | □ No                     |                                                                           |                                         |                 |                   |                                               |
|       | Do not list Debtor 2.         | ebtor 1 and                                         | Yes.                     | Fill out this information for each dependent                              | Dependent's relation Debtor 1 or Debtor |                 | Dependent's age   | Does dependent live with you?                 |
|       | Do not state                  | the                                                 |                          |                                                                           |                                         |                 |                   | □ No                                          |
|       | dependents                    | names.                                              |                          |                                                                           | brother in law                          |                 | 90                | Yes                                           |
|       |                               |                                                     |                          |                                                                           |                                         |                 |                   | □ No<br>□ Yes                                 |
|       |                               |                                                     |                          |                                                                           |                                         |                 |                   | □ No                                          |
|       |                               |                                                     |                          |                                                                           |                                         |                 |                   | ☐ Yes                                         |
|       |                               |                                                     |                          |                                                                           |                                         |                 |                   | □ No                                          |
|       |                               |                                                     |                          |                                                                           |                                         |                 |                   | ☐ Yes                                         |
| 3.    | expenses of                   | enses include<br>f people other t<br>d your depende | han $_{m \Box}$          | No<br>Yes                                                                 |                                         |                 |                   |                                               |
| exp   | imate your ex                 |                                                     | our bankr                | y Expenses<br>uptcy filing date unless y<br>y is filed. If this is a supp |                                         |                 |                   |                                               |
| the   |                               | n assistance an                                     |                          | government assistance i<br>luded it on <i>Schedule I:</i> \               |                                         |                 | Your exp          | enses                                         |
| 4.    |                               | or home owners                                      |                          | ses for your residence. I                                                 | nclude first mortgage                   | e<br>4. \$      |                   | 1,539.43                                      |
|       | If not includ                 | led in line 4:                                      |                          |                                                                           |                                         |                 |                   |                                               |
|       |                               | estate taxes                                        |                          |                                                                           |                                         | 4a. \$          |                   | 0.00                                          |
|       |                               | rty, homeowner's                                    | s. or renter             | 's insurance                                                              |                                         | 4а. э<br>4b. \$ |                   | <u>0.00</u><br>68.00                          |
|       | •                             | •                                                   |                          | upkeep expenses                                                           |                                         | 4c. \$          | -                 | 50.00                                         |
|       | 4d. Home                      | owner's associat                                    | ion or con               | dominium dues                                                             |                                         | 4d. \$          |                   | 0.00                                          |
| 5.    | Additional r                  | nortgage payme                                      | ents for yo              | our residence, such as ho                                                 | me equity loans                         | 5. \$           |                   | 0.00                                          |

# Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 30 of 50

| btor 1 Maria A Co    | ontreas                                                                        | Case num     | ber (if known)                          |                          |
|----------------------|--------------------------------------------------------------------------------|--------------|-----------------------------------------|--------------------------|
| Utilities:           |                                                                                |              |                                         |                          |
| 6a. Electricity, h   | eat, natural gas                                                               | 6a.          | \$                                      | 250.00                   |
| 6b. Water, sewe      | r, garbage collection                                                          | 6b.          | \$                                      | 80.00                    |
| ·                    | cell phone, Internet, satellite, and cable services                            | 6c.          |                                         | 180.00                   |
| 6d. Other. Spec      |                                                                                | 6d.          |                                         | 0.00                     |
| Food and housek      | ·                                                                              | 7.           | *                                       | 560.00                   |
|                      | Idren's education costs                                                        | 8.           | \$                                      |                          |
|                      |                                                                                | 9.           | ·                                       | 0.00                     |
| •                    | and dry cleaning                                                               |              | ·                                       | 50.00                    |
|                      | ducts and services                                                             | 10.          |                                         | 75.00                    |
| Medical and dent     | •                                                                              | 11.          | \$                                      | 175.00                   |
|                      | clude gas, maintenance, bus or train fare.                                     | 12.          | ¢                                       | 200.00                   |
| Do not include car   |                                                                                |              |                                         |                          |
|                      | ubs, recreation, newspapers, magazines, and books                              | 13.          | ·                                       | 0.00                     |
|                      | outions and religious donations                                                | 14.          | \$                                      | 20.00                    |
| Insurance.           |                                                                                |              |                                         |                          |
|                      | rance deducted from your pay or included in lines 4 or 20.                     | 4            | Φ.                                      |                          |
| 15a. Life insurance  |                                                                                | 15a.         | ·                                       | 0.00                     |
| 15b. Health insur    |                                                                                | 15b.         | ·                                       | 58.00                    |
| 15c. Vehicle insu    | rance                                                                          | 15c.         | \$                                      | 186.00                   |
| 15d. Other insura    | nce. Specify: her Medicare                                                     | 15d.         | \$                                      | 105.00                   |
| his Medica           |                                                                                |              | \$                                      | 105.00                   |
| dental ins           |                                                                                |              | \$                                      | 30.00                    |
|                      | eritage funeral expenses                                                       |              | \$                                      | 94.30                    |
|                      | ude taxes deducted from your pay or included in lines 4 or 20.                 |              |                                         | J-1.00                   |
| Specify: his tax     |                                                                                | 16.          | \$                                      | 130.50                   |
| Specify: her tax     |                                                                                |              | \$                                      | 110.60                   |
|                      |                                                                                |              | Ψ                                       | 110.60                   |
| Installment or lea   |                                                                                | 170          | ¢                                       | 0.00                     |
| 17a. Car paymen      |                                                                                | 17a.         | ·                                       | 0.00                     |
| 17b. Car paymen      |                                                                                | 17b.         | ·                                       | 0.00                     |
|                      | fy: husband's car payment                                                      | 17c.         | ·                                       | 349.00                   |
|                      | fy: husband's credit card payments                                             | 17d.         | \$                                      | 200.00                   |
|                      | alimony, maintenance, and support that you did not report as                   |              |                                         |                          |
| deducted from yo     | ur pay on line 5, Schedule I, Your Income (Official Form 106I).                | 18.          | ·                                       | 0.00                     |
| Other payments y     | ou make to support others who do not live with you.                            |              | \$                                      | 0.00                     |
| Specify:             |                                                                                | 19.          |                                         |                          |
|                      | y expenses not included in lines 4 or 5 of this form or on Sch                 |              |                                         |                          |
| 20a. Mortgages of    | n other property                                                               | 20a.         | \$                                      | 0.00                     |
| 20b. Real estate     | axes                                                                           | 20b.         | \$                                      | 0.00                     |
| 20c. Property, ho    | meowner's, or renter's insurance                                               | 20c.         | \$                                      | 0.00                     |
| 1 21                 | e, repair, and upkeep expenses                                                 | 20d.         | ·                                       | 0.00                     |
|                      | s association or condominium dues                                              | 20e.         | ·                                       | 0.00                     |
| Other: Specify:      | 5 45555.4                                                                      |              | +\$                                     | 0.00                     |
| onier. opecity.      |                                                                                |              | ι.ά                                     | 0.00                     |
| Calculate your me    | onthly expenses                                                                |              |                                         |                          |
| 22a. Add lines 4 th  |                                                                                |              | \$                                      | 4,615.83                 |
|                      | monthly expenses for Debtor 2), if any, from Official Form 106J-2              |              | \$                                      | ,                        |
|                      | and 22b. The result is your monthly expenses.                                  |              | \$                                      | A CAE 00                 |
| ZZU. MUU IIIIE ZZA 8 | and 220. The result is your monthly expenses.                                  |              | Ψ                                       | 4,615.83                 |
| Calculate your me    | onthly net income.                                                             |              |                                         |                          |
| -                    | (your combined monthly income) from Schedule I.                                | 23a.         | \$                                      | 4,182.18                 |
|                      | nonthly expenses from line 22c above.                                          | 23b.         | ·                                       | 4,615.83                 |
| 200. Copy your ii    | Charly expenses from the 220 above.                                            | ۷۵۵.         | Ψ                                       | 4,013.03                 |
| 23c Subtract voi     | r monthly expenses from your monthly income.                                   |              |                                         |                          |
|                      | your monthly net income.                                                       | 23c.         | \$                                      | -433.65                  |
| THE TESUIL IS        | your monany net income.                                                        | 200.         |                                         |                          |
| Do you expect an     | increase or decrease in your expenses within the year after y                  | ou file this | s form?                                 |                          |
| For example, do you  | expect to finish paying for your car loan within the year or do you expect you | ır mortaaae  | payment to incre                        | ease or decrease because |
|                      | ms of your mortgage?                                                           |              | , , : ::::::::::::::::::::::::::::::::: |                          |
| ■ No.                |                                                                                |              |                                         |                          |
| _                    | tualata hana.                                                                  |              |                                         |                          |
| ☐ Yes. ☐             | xplain here:                                                                   |              |                                         |                          |
|                      |                                                                                |              |                                         |                          |

## Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 31 of 50

| Ellis distributor   |                                                                    |                         |                            |                          |                                                                         |
|---------------------|--------------------------------------------------------------------|-------------------------|----------------------------|--------------------------|-------------------------------------------------------------------------|
|                     | mation to identify your                                            | case:                   |                            |                          |                                                                         |
| Debtor 1            | Maria A Contreas                                                   | Middle Name             | Last Name                  |                          |                                                                         |
| Debtor 2            | First Name                                                         | Middle Name             | Last Name                  |                          |                                                                         |
| (Spouse if, filing) | First Name                                                         | Middle Name             | Last Name                  |                          |                                                                         |
| United States Ba    | ankruptcy Court for the:                                           | NORTHERN DISTRIC        | CT OF ILLINOIS, EASTERN    | N DIVISION               |                                                                         |
| Case number         |                                                                    |                         |                            |                          |                                                                         |
| (if known)          |                                                                    |                         |                            |                          | ☐ Check if this is an amended filing                                    |
| Official For        |                                                                    | ın Individua            | ıl Debtor's So             | chedules                 | 12/15                                                                   |
|                     |                                                                    |                         |                            |                          |                                                                         |
| years, or both. 1   | y or property by fraud ii<br>18 U.S.C. §§ 152, 1341, 1<br>In Below |                         | nkruptcy case can result   | in fines up to \$250,000 | 0, or imprisonment for up to 20                                         |
| Did you pa          | ay or agree to pay some                                            | one who is NOT an att   | orney to help you fill out | bankruptcy forms?        |                                                                         |
| ■ No                |                                                                    |                         |                            |                          |                                                                         |
| ☐ Yes.              | Name of person                                                     |                         |                            |                          | ruptcy Petition Preparer's Notice,<br>and Signature (Official Form 119) |
|                     | alty of perjury, I declare<br>re true and correct.                 | that I have read the su | mmary and schedules file   | ed with this declaration | n and                                                                   |
| X /s/ Ma            | ria A Contreas                                                     |                         | X                          |                          |                                                                         |
|                     | A Contreas                                                         |                         | Signature of               | f Debtor 2               |                                                                         |
| Signatu             | re of Debtor 1                                                     |                         |                            |                          |                                                                         |
| Date _              | December 14, 2016                                                  |                         | Date                       |                          |                                                                         |

# Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 32 of 50

| Debtor 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Fill i | n this inform     | nation to identify you           | r case:                         |                                 |                             |                    |  |  |  |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------|----------------------------------|---------------------------------|---------------------------------|-----------------------------|--------------------|--|--|--|--|--|
| Debtor 2 [Spaces #, 18mg] First Name Modile Name Law Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION  Case number (it known)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |        |                   |                                  |                                 |                                 |                             |                    |  |  |  |  |  |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS, EASTERN DIVISION  Case number (It thouse)  Official Form 107  Statement of Financial Affairs for Individuals Filing for Bankruptcy  4/10  Le as complete and accurate as possible, if two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  20113: Give Details About Your Marital Status and Where You Lived Before  What is your current marital status?  Married  Not married  Debtor 1 Prior Address: Dates Debtor 1  Debtor 1 Prior Address: Dates Debtor 1  Inved there  Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property rates and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2 Explain the Sources of Your Income  Debtor 1  Sources of income (Deck all that apply.  Debtor 1  Sources of income (Check all that apply.  Debtor 1  Sources of income (Check all that apply.  Debtor 2  Sources of income (Check all that apply.  Debtor 1  Sources of lincome (Check all that apply.  Debtor 3  Sources of Income (Check all that apply.  Debtor 1  Sources of lincome (Check all that apply.  Debtor 3  Sources of income (Check all that apply.  Debtor 3  Sources of income (Check all that apply.  Debtor 4  Sources of Income (Check all that apply.  Debtor 1  Sources of Income (Check all that apply.  Debtor 3  Sources of Income (Check all that apply.  Debtor 2  Sources of Income (Check all that apply.  Debtor 2  Sources of Income (Check all that apply.  Debtor 2  Sources of Income (Check all that apply.  Debtor 3  Sources of Income (Check all that apply.  Debtor 4  Sources of Income (Check all that apply.  Debtor |        |                   |                                  |                                 | Last Name                       |                             |                    |  |  |  |  |  |
| Case number   Check if this is an amended filing   Check if this is an amended filing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        |                   | First Name                       | Middle Name                     | Last Name                       |                             |                    |  |  |  |  |  |
| Official Form 107 Statement of Financial Affairs for Individuals Filing for Bankruptcy  4/16 Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  2011 : Give Details About Your Marital Status and Where You Lived Before  What is your current marital status?  Married  During the last 3 years, have you lived anywhere other than where you live now?  Pyes. List all of the places you lived in the last 3 years. Do not include where you live now.  Debtor 1 Prior Address:  Dates Debtor 1   Debtor 2 Prior Address:   Dates Debtor 2   lived there    Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory? (Community property states and territorials include Arzona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington and Wisconsin.)  No  Yes. Make sure you fill out Schedule H: Your Codebtors (Official Form 106H).  Part 2   Explain the Sources of Your Income  Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filling a joint case and you have income that you receive together, list it only once under Debtor 1.  Sources of income Check all that apply.  Debtor 2  Sources of income Check all that apply.  Check all that apply. | Unite  | ed States Bar     | kruptcy Court for the:           | NORTHERN DISTRICT (             | OF ILLINOIS, EASTERN DIV        | SION                        |                    |  |  |  |  |  |
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| What is your current marital status?    Married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | infor  | mation. If me     | ore space is needed,             | attach a separate sheet to      |                                 |                             |                    |  |  |  |  |  |
| . What is your current marital status?  ■ Married                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |        |                   | ,                                |                                 |                                 |                             |                    |  |  |  |  |  |
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| No   Yes. List all of the places you lived in the last 3 years. Do not include where you live now.   Debtor 1 Prior Address:   Dates Debtor 1   lived there   Debtor 2 Prior Address:   Dates Debtor 2   lived there                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |        | _                 | ried                             |                                 |                                 |                             |                    |  |  |  |  |  |
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| lived there     |        | _                 | all of the places you l          | ived in the last 3 years. Do no | ot include where you live now   | ·.                          |                    |  |  |  |  |  |
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| Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Sources of income Check all that apply.  Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | L Yes. Ma         | ke sure you fill out S <i>ci</i> | nedule H: Your Codebtors (O     | mciai Form 106H).               |                             |                    |  |  |  |  |  |
| Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.  If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.  No  Yes. Fill in the details.  Debtor 1  Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Pebtor 2  Sources of income (before deductions and exclusions)  Uages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Part   | 2 Explain         | n the Sources of You             | r Income                        |                                 |                             |                    |  |  |  |  |  |
| Yes. Fill in the details.  Debtor 1 Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  Debtor 2 Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$11,183.50  Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        | Fill in the total | I amount of income yo            | u received from all jobs and a  | all businesses, including part- | time activities.            | ndar years?        |  |  |  |  |  |
| Debtor 1 Sources of income Check all that apply.  From January 1 of current year until the date you filed for bankruptcy:  Debtor 2 Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  Under the date you filed for bankruptcy:  Sources of income (before deductions and exclusions)  Under the date you filed for bankruptcy:  Sources of income (before deductions and exclusions)  Under the date you filed for bankruptcy:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |        | □ No              |                                  |                                 |                                 |                             |                    |  |  |  |  |  |
| Sources of income Check all that apply.  Gross income (before deductions and exclusions)  From January 1 of current year until the date you filed for bankruptcy:  Sources of income (before deductions and exclusions)  Gross income (before deductions and exclusions)  \$11,183.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |        | Yes. Fill         | in the details.                  |                                 |                                 |                             |                    |  |  |  |  |  |
| Check all that apply.  Check all that apply.  (before deductions and exclusions)  Check all that apply.  (before deductions and exclusions)  The date you filed for bankruptcy:  Wages, commissions, bonuses, tips  \$11,183.50  Wages, commissions, bonuses, tips                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |        |                   |                                  | Debtor 1                        |                                 | Debtor 2                    |                    |  |  |  |  |  |
| From January 1 of current year until the date you filed for bankruptcy:  Wages, commissions, bonuses, tips  \$11,183.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |        |                   |                                  |                                 | (before deductions and          |                             | (before deductions |  |  |  |  |  |
| bonuses, ups                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |        |                   |                                  | •                               | ,                               | _                           | and oxoldololloj   |  |  |  |  |  |
| ☐ Operating a business ☐ Operating a business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |        | -                 | - ·                              | • •                             |                                 | ☐ Operating a business      |                    |  |  |  |  |  |

Official Form 107

Page 33 of 50 Case number (if known) Document Debtor 1 Maria A Contreas

|                                                                        | Debtor 1                                   |                                                       | Debtor 2                                   |                                                       |  |  |
|------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|--------------------------------------------|-------------------------------------------------------|--|--|
|                                                                        | Sources of income<br>Check all that apply. | Gross income<br>(before deductions and<br>exclusions) | Sources of income<br>Check all that apply. | Gross income<br>(before deductions<br>and exclusions) |  |  |
| For last calendar year:<br>(January 1 to December 31, 2015)            | ■ Wages, commissions, bonuses, tips        | \$20,581.75                                           | ☐ Wages, commissions, bonuses, tips        |                                                       |  |  |
|                                                                        | ☐ Operating a business                     |                                                       | ☐ Operating a business                     |                                                       |  |  |
| For the calendar year before that:<br>(January 1 to December 31, 2014) | ■ Wages, commissions, bonuses, tips        | \$27,284.00                                           | ☐ Wages, commissions, bonuses, tips        |                                                       |  |  |
|                                                                        | ☐ Operating a business                     |                                                       | ☐ Operating a business                     |                                                       |  |  |
|                                                                        |                                            |                                                       |                                            |                                                       |  |  |

#### Did you receive any other income during this year or the two previous calendar years?

Debtor 1

Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

Debtor 2

List each source and the gross income from each source separately. Do not include income that you listed in line 4.

No

Yes. Fill in the details.

|                                                                         | Sources of income<br>Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income<br>Describe below. | Gross income<br>(before deductions<br>and exclusions) |
|-------------------------------------------------------------------------|--------------------------------------|------------------------------------------------------------------|--------------------------------------|-------------------------------------------------------|
| From January 1 of current year until the date you filed for bankruptcy: | Retirement Income                    | \$6,789.84                                                       |                                      |                                                       |
|                                                                         | SSI Benefits                         | \$14,530.00                                                      |                                      |                                                       |
| For last calendar year:<br>(January 1 to December 31, 2015)             | Retirement Income                    | \$6,789.84                                                       |                                      |                                                       |
|                                                                         | SSI Benefits                         | \$14,530.00                                                      |                                      |                                                       |
| For the calendar year before that: (January 1 to December 31, 2014)     | Retirement Income                    | \$6,789.84                                                       |                                      |                                                       |
|                                                                         | SSI Benefits                         | \$14,530.00                                                      |                                      |                                                       |

### Part 3: List Certain Payments You Made Before You Filed for Bankruptcy

| <ol><li>Are either Debtor 1's or Debtor 2's debts primarily consu</li></ol> | mer debts? |
|-----------------------------------------------------------------------------|------------|
|-----------------------------------------------------------------------------|------------|

Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425\* or more?

□ No.

☐ Yes List below each creditor to whom you paid a total of \$6,425\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

<sup>\*</sup> Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Page 34 of 50 Document ase number (if known) Debtor 1 Maria A Contreas Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... paid still owe One Main Financial, Inc last 90 days \$440.00 \$7,509.00 ■ Mortgage 2038 N Richmond Road ☐ Car McHenry, IL 60050 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. Yes. List all payments to an insider. **Insider's Name and Address Dates of payment** Total amount Amount you Reason for this payment paid still owe Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. ☐ Yes. List all payments to an insider **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment paid still owe Include creditor's name Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. ☐ Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address** Value of the **Describe the Property** Date

8.

**Explain what happened** 

property

Page 35 of 50 Case number (if known) Document Debtor 1 Maria A Contreas

| 11. | Within 90 days before you filed for bank accounts or refuse to make a payment b  ■ No □ Yes. Fill in the details.           |             | did any creditor, including a bank or financial ins<br>you owed a debt?                                                          | stitution, set off any a          | mounts from your         |
|-----|-----------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|
|     | Creditor Name and Address                                                                                                   | De          | scribe the action the creditor took                                                                                              | Date action was taken             | Amount                   |
| 12. | Within 1 year before you filed for bankru court-appointed receiver, a custodian, o  ■ No □ Yes                              |             | as any of your property in the possession of an a<br>er official?                                                                | assignee for the bene             | fit of creditors, a      |
| Pa  | rt 5: List Certain Gifts and Contribution                                                                                   | ıs          |                                                                                                                                  |                                   |                          |
| 13. | ■ No □ Yes. Fill in the details for each gift.                                                                              |             | did you give any gifts with a total value of more t                                                                              |                                   |                          |
|     | Gifts with a total value of more than \$60 per person  Person to Whom You Gave the Gift and                                 |             | Describe the gifts                                                                                                               | Dates you gave the gifts          | Value                    |
|     | Address:                                                                                                                    |             |                                                                                                                                  |                                   |                          |
| 14. | Within 2 years before you filed for bankr  ☐ No  Yes. Fill in the details for each gift or or                               |             | did you give any gifts or contributions with a tota                                                                              | al value of more than S           | \$600 to any charity?    |
|     | Gifts or contributions to charities that is more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | total       | Describe what you contributed                                                                                                    | Dates you contributed             | Value                    |
|     | St Jude Children's Hospital                                                                                                 | ,           | \$20.00 per month                                                                                                                | last 12 mos                       | \$240.00                 |
|     |                                                                                                                             |             |                                                                                                                                  |                                   |                          |
| Pa  | rt 6: List Certain Losses                                                                                                   |             |                                                                                                                                  |                                   |                          |
| 15. | Within 1 year before you filed for bankru or gambling?                                                                      | iptcy or    | since you filed for bankruptcy, did you lose any                                                                                 | thing because of thef             | t, fire, other disaster, |
|     | ■ No □ Yes. Fill in the details.                                                                                            |             |                                                                                                                                  |                                   |                          |
|     | Describe the property you lost and how the loss occurred                                                                    |             | be any insurance coverage for the loss                                                                                           | Date of your loss                 | Value of property lost   |
|     | now the loss occurred                                                                                                       |             | e the amount that insurance has paid. List pending nce claims on line 33 of <i>Schedule A/B: Property.</i>                       | 1033                              | 1031                     |
| Pa  | rt 7: List Certain Payments or Transfer                                                                                     | s           |                                                                                                                                  |                                   |                          |
| 16. | consulted about seeking bankruptcy or                                                                                       | preparir    | id you or anyone else acting on your behalf pay on ga bankruptcy petition? s, or credit counseling agencies for services require |                                   | ty to anyone you         |
|     | □ No                                                                                                                        |             |                                                                                                                                  |                                   |                          |
|     | Yes. Fill in the details.                                                                                                   |             |                                                                                                                                  |                                   |                          |
|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not Y                         | <b>′</b> ou | Description and value of any property transferred                                                                                | Date payment or transfer was made | Amount of payment        |
|     | Summit Financial                                                                                                            |             | for required credit counseling                                                                                                   | September,<br>2016                | \$29.95                  |

Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Case 16-39479 Document Page 36 of 50 Case number (if known)

Debtor 1 Maria A Contreas

|     | Person Who Was Paid<br>Address<br>Email or website address<br>Person Who Made the Payment, if Not You                                                                                                        | Description and value of any pr transferred                                    | operty                 | Date payment or transfer was made                       | Amount of payment                             |  |  |  |  |  |  |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------|---------------------------------------------------------|-----------------------------------------------|--|--|--|--|--|--|
|     | Costello & Costello<br>19 N. Western Ave. (RT 31)<br>Carpentersville, IL 60110<br>steve@costellolaw.com                                                                                                      | Attorney Fees of \$1500.00 p costs of \$335.00                                 | lus court              | September<br>and<br>December,<br>2016                   | \$1,835.00                                    |  |  |  |  |  |  |
| 17. | Within 1 year before you filed for bankruptcy, or promised to help you deal with your creditors or Do not include any payment or transfer that you list                                                      | or to make payments to your credi                                              |                        | or transfer any proper                                  | rty to anyone who                             |  |  |  |  |  |  |
|     | <ul><li>■ No</li><li>□ Yes. Fill in the details.</li></ul>                                                                                                                                                   |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     | Person Who Was Paid<br>Address                                                                                                                                                                               | Date payment<br>or transfer was<br>made                                        | Amount of<br>payment   |                                                         |                                               |  |  |  |  |  |  |
| 18. | Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your businclude both outright transfers and transfers made include gifts and transfers that you have already list.  No | ness or financial affairs? as security (such as the granting of                |                        |                                                         |                                               |  |  |  |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                    |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     | Person Who Received Transfer<br>Address<br>Person's relationship to you                                                                                                                                      | Description and value of property transferred                                  |                        | any property or<br>received or debts<br>change          | Date transfer was made                        |  |  |  |  |  |  |
|     | Terson's relationship to you                                                                                                                                                                                 |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)  |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                             |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     | Name of trust  Description and value of the property transferred                                                                                                                                             |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     |                                                                                                                                                                                                              |                                                                                | Date Transfer was made |                                                         |                                               |  |  |  |  |  |  |
| Par | 8: List of Certain Financial Accounts, Instru                                                                                                                                                                | ments, Safe Deposit Boxes, and S                                               | torage Units           |                                                         |                                               |  |  |  |  |  |  |
| 20. | Within 1 year before you filed for bankruptcy, v sold, moved, or transferred? Include checking, savings, money market, or o                                                                                  | ther financial accounts; certificate                                           | s of deposit; sh       |                                                         | , ,                                           |  |  |  |  |  |  |
|     | houses, pension funds, cooperatives, associat  No                                                                                                                                                            | ions, and other financial institution                                          | ns.                    |                                                         |                                               |  |  |  |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                    |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     |                                                                                                                                                                                                              | est 4 digits of Type of account number instrument                              | clo<br>mo              | nte account was<br>osed, sold,<br>oved, or<br>onsferred | Last balance<br>before closing or<br>transfer |  |  |  |  |  |  |
| 21. | Do you now have, or did you have within 1 yea cash, or other valuables?                                                                                                                                      | r before you filed for bankruptcy, a                                           | ıny safe deposi        | t box or other deposi                                   | tory for securities,                          |  |  |  |  |  |  |
|     | ■ No                                                                                                                                                                                                         |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     | Yes. Fill in the details.                                                                                                                                                                                    |                                                                                |                        |                                                         |                                               |  |  |  |  |  |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                          | Who else had access to it?  Address (Number, Street, City, State and ZIP Code) | Describe the           | contents                                                | Do you still have it?                         |  |  |  |  |  |  |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 37 of 50 Case number (if known)

| 22. | Have you stored property in a storage unit or pl ■ No                                                                                                                                                            | ace other than your home within 1                                                             | year before you filed for bankruptcy?  | •                     |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------|-----------------------|
|     | Yes. Fill in the details.                                                                                                                                                                                        |                                                                                               |                                        |                       |
|     | Name of Storage Facility Address (Number, Street, City, State and ZIP Code)                                                                                                                                      | Who else has or had access<br>to it?<br>Address (Number, Street, City,<br>State and ZIP Code) | Describe the contents                  | Do you still have it? |
| Par | 9: Identify Property You Hold or Control for                                                                                                                                                                     | Someone Else                                                                                  |                                        |                       |
| 23. | Do you hold or control any property that someofor someone.                                                                                                                                                       | one else owns? Include any proper                                                             | ty you borrowed from, are storing for, | or hold in trust      |
|     | ■ No<br>□ Yes. Fill in the details.                                                                                                                                                                              |                                                                                               |                                        |                       |
|     | Owner's Name<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                               | Where is the property?<br>(Number, Street, City, State and ZIP<br>Code)                       | Describe the property                  | Valu                  |
| Par | 10: Give Details About Environmental Informa                                                                                                                                                                     | ation                                                                                         |                                        |                       |
| For | he purpose of Part 10, the following definitions                                                                                                                                                                 | apply:                                                                                        |                                        |                       |
| •   | toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. |                                                                                               |                                        |                       |
|     | to own, operate, or utilize it, including disposal<br>Hazardous material means anything an environ<br>hazardous material, pollutant, contaminant, or s                                                           | mental law defines as a hazardous                                                             | waste, hazardous substance, toxic s    | ubstance,             |
| Rep | ort all notices, releases, and proceedings that yo                                                                                                                                                               | ou know about, regardless of when                                                             | n they occurred.                       |                       |
| 24. | Has any governmental unit notified you that you                                                                                                                                                                  | u may be liable or potentially liable                                                         | under or in violation of an environme  | ntal law?             |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                 |                                                                                               |                                        |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                               | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)                    | Environmental law, if you know it      | Date of notice        |
| 25. | Have you notified any governmental unit of any                                                                                                                                                                   | release of hazardous material?                                                                |                                        |                       |
|     | ■ No<br>□ Yes. Fill in the details.                                                                                                                                                                              |                                                                                               |                                        |                       |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)                                                                                                                                               | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code)                    | Environmental law, if you know it      | Date of notice        |
| 26. | Have you been a party in any judicial or adminis                                                                                                                                                                 | strative proceeding under any envi                                                            | ronmental law? Include settlements a   | nd orders.            |
|     | ■ No □ Yes. Fill in the details.                                                                                                                                                                                 |                                                                                               |                                        |                       |
|     | Case Title<br>Case Number                                                                                                                                                                                        | Court or agency Name Address (Number, Street, City, State and ZIP Code)                       | Nature of the case                     | Status of the case    |
| Par | 11: Give Details About Your Business or Con                                                                                                                                                                      | nections to Any Business                                                                      |                                        |                       |
| 27. | 7. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?                                                                              |                                                                                               |                                        |                       |
|     | A sole proprietor or self-employed in a t                                                                                                                                                                        |                                                                                               | ·                                      |                       |
|     | ☐ A member of a limited liability company                                                                                                                                                                        | (LLC) or limited liability partnership                                                        | ip (LLP)                               |                       |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 38 of 50 Case number (if known)

|               | ☐ A partner in a partnership                                                            |                                                                       |                                                                                                                   |
|---------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
|               |                                                                                         |                                                                       |                                                                                                                   |
|               | ☐ An officer, director, or managing ex                                                  | ecutive of a corporation                                              |                                                                                                                   |
|               | ☐ An owner of at least 5% of the voting                                                 | g or equity securities of a corporation                               |                                                                                                                   |
|               | ■ No. None of the above applies. Go to F                                                | Part 12.                                                              |                                                                                                                   |
|               | ☐ Yes. Check all that apply above and fill                                              | in the details below for each business.                               |                                                                                                                   |
|               | Business Name Address (Number, Street, City, State and ZIP Code)                        | Describe the nature of the business  Name of accountant or bookkeeper | Employer Identification number Do not include Social Security number or ITIN.                                     |
|               | (Namber, Street, Stry, State and En Socie)                                              | Name of accountant of bookkeeper                                      | Dates business existed                                                                                            |
| 28.           | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | cy, did you give a financial statement to ar                          | nyone about your business? Include all financial                                                                  |
|               | ■ No □ Yes. Fill in the details below.                                                  |                                                                       |                                                                                                                   |
|               | Name Address (Number, Street, City, State and ZIP Code)                                 | Date Issued                                                           |                                                                                                                   |
| Pai           | t 12: Sign Below                                                                        |                                                                       |                                                                                                                   |
| are with 18 U |                                                                                         | false statement, concealing property, or ol                           | declare under penalty of perjury that the answers btaining money or property by fraud in connection ars, or both. |
|               | nature of Debtor 1                                                                      | digitature of Debtor 2                                                |                                                                                                                   |
| Dat           | December 14, 2016                                                                       | Date                                                                  |                                                                                                                   |
| Did<br>■ N    | •                                                                                       | ent of Financial Affairs for Individuals Filing                       | g for Bankruptcy (Official Form 107)?                                                                             |
|               |                                                                                         | t an attorney to help you fill out bankruptcy                         |                                                                                                                   |

# Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 39 of 50

| Fill in this inform                                                                                                          | nation to identify your                                                                                                                         | case:                                                                                                                                 |                                                                                                                    |                              |                               |                                            |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------|--------------------------------------------|
| Debtor 1                                                                                                                     | Maria A Contreas                                                                                                                                |                                                                                                                                       |                                                                                                                    |                              |                               |                                            |
|                                                                                                                              | First Name                                                                                                                                      | Middle Name                                                                                                                           | Last Name                                                                                                          |                              |                               |                                            |
| Debtor 2<br>(Spouse if, filing)                                                                                              | First Name                                                                                                                                      | Middle Name                                                                                                                           | Last Name                                                                                                          |                              |                               |                                            |
| United States Bar                                                                                                            | nkruptcy Court for the:                                                                                                                         | NORTHERN DIST                                                                                                                         | RICT OF ILLINOIS, EAST                                                                                             | ERN DIVISION                 |                               |                                            |
| Case number                                                                                                                  |                                                                                                                                                 |                                                                                                                                       |                                                                                                                    |                              |                               |                                            |
| (if known)                                                                                                                   |                                                                                                                                                 |                                                                                                                                       |                                                                                                                    |                              | ☐ Check if t<br>amended       |                                            |
|                                                                                                                              |                                                                                                                                                 |                                                                                                                                       |                                                                                                                    |                              |                               |                                            |
| Official Fo                                                                                                                  | rm 108                                                                                                                                          |                                                                                                                                       |                                                                                                                    |                              |                               |                                            |
| Statemen                                                                                                                     | nt of Intentio                                                                                                                                  | n for Indiv                                                                                                                           | iduals Filing                                                                                                      | Under Chapte                 | er 7                          | 12/15                                      |
| ■ creditors have ■ you have lease You must file this whicher on the f  If two married pe sign and Be as complete a write you | ver is earlier, unless the form  ople are filing together did date the form.  and accurate as possibour name and case nurbur Creditors Who Have | ur property, or nd the lease has no ithin 30 days after e court extends the in a joint case, bo le. If more space is nber (if known). | ot expired. you file your bankruptcy e time for cause. You mus th are equally responsible needed, attach a separat | e for supplying correct in   | e creditors and less          | ors you list<br>btors must<br>ional pages, |
| information be                                                                                                               | low.                                                                                                                                            |                                                                                                                                       | Creditors Who Have Cla                                                                                             |                              | •                             | •                                          |
| identity the cre                                                                                                             | editor and the property t                                                                                                                       | nat is collateral                                                                                                                     | secures a debt?                                                                                                    | do with the property that    | Did you claim<br>as exempt on |                                            |
|                                                                                                                              |                                                                                                                                                 |                                                                                                                                       |                                                                                                                    |                              |                               |                                            |
| Creditor's Caname:                                                                                                           | aliber Home Loans                                                                                                                               |                                                                                                                                       | ☐ Surrender the propert☐ Retain the property a                                                                     |                              | □ No                          |                                            |
| Description of                                                                                                               | 5905 Pine Hollow I                                                                                                                              | 24                                                                                                                                    | Retain the property as                                                                                             |                              | ■ Yes                         |                                            |
| property<br>securing debt:                                                                                                   | Carpentersville, IL<br>County<br>debtor owns jointly<br>husband                                                                                 | 60110 Kane                                                                                                                            | Reaffirmation Agreer Retain the property an                                                                        |                              | _                             |                                            |
|                                                                                                                              | ur Unexpired Persona                                                                                                                            |                                                                                                                                       |                                                                                                                    |                              |                               |                                            |
| in the information                                                                                                           | n below. Do not list rea                                                                                                                        | l estate leases. Un                                                                                                                   | in Schedule G: Executory<br>expired leases are leases<br>he trustee does not assu                                  | that are still in effect; th | e lease period has n          |                                            |
| Describe your un                                                                                                             | nexpired personal pro                                                                                                                           | perty leases                                                                                                                          |                                                                                                                    |                              | Will the lease be as          | ssumed?                                    |
| Lessor's name:<br>Description of lea                                                                                         | sed                                                                                                                                             |                                                                                                                                       |                                                                                                                    |                              | □ No                          |                                            |
| Property:                                                                                                                    |                                                                                                                                                 |                                                                                                                                       |                                                                                                                    |                              | ☐ Yes                         |                                            |
| Lessor's name:<br>Description of lea                                                                                         | sed                                                                                                                                             |                                                                                                                                       |                                                                                                                    |                              | □ No                          |                                            |
| Property:                                                                                                                    | <del></del>                                                                                                                                     |                                                                                                                                       |                                                                                                                    |                              | ☐ Yes                         |                                            |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

# Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 40 of 50

| De                                 | btor 1               | Maria A Contreas                                                                         | Case number (if known)                                                              |  |
|------------------------------------|----------------------|------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|--|
|                                    |                      |                                                                                          |                                                                                     |  |
|                                    | ssor's n             |                                                                                          | □ No                                                                                |  |
|                                    | scription<br>perty:  | n of leased                                                                              | <b>D</b> <i>Y</i> : .                                                               |  |
|                                    | operty.              |                                                                                          | ☐ Yes                                                                               |  |
|                                    | ssor's n             |                                                                                          | □ No                                                                                |  |
|                                    | scriptio<br>perty:   | n of leased                                                                              | П ус.                                                                               |  |
|                                    | operty.              |                                                                                          | ☐ Yes                                                                               |  |
|                                    | ssor's n             |                                                                                          | □ No                                                                                |  |
|                                    | scriptio<br>perty:   | n of leased                                                                              | П у                                                                                 |  |
|                                    | operty.              |                                                                                          | ☐ Yes                                                                               |  |
|                                    | ssor's n             |                                                                                          | □ No                                                                                |  |
| Description of leased<br>Property: |                      | n of leased                                                                              | □ <i>V</i> <sub>1</sub> .                                                           |  |
|                                    | operty.              |                                                                                          | ☐ Yes                                                                               |  |
|                                    | ssor's n             |                                                                                          | □ No                                                                                |  |
|                                    | scription<br>operty: | n of leased                                                                              | Пу                                                                                  |  |
| 1 10                               | porty.               |                                                                                          | ☐ Yes                                                                               |  |
| Pa                                 | rt 3:                | Sign Below                                                                               |                                                                                     |  |
|                                    |                      | alty of perjury, I declare that I have indicate<br>nat is subject to an unexpired lease. | I my intention about any property of my estate that secures a debt and any personal |  |
| Χ                                  | /s/ M                | aria A Contreas                                                                          | X                                                                                   |  |
|                                    |                      | a A Contreas                                                                             | Signature of Debtor 2                                                               |  |
|                                    | Signa                | ature of Debtor 1                                                                        |                                                                                     |  |
|                                    | Date                 | December 14, 2016                                                                        | Date                                                                                |  |
|                                    |                      |                                                                                          |                                                                                     |  |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

## This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

## **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

## **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

## Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

## Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

## Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 45 of 50

B2030 (Form 2030) (12/15)

## **United States Bankruptcy Court** Northern District of Illinois, Eastern Division

| In re    | Maria A Contreas                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                              | Case No.                        |                                     |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------|-------------------------------------|
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Debtor(s)                                                                    | Chapter                         | 7                                   |
|          | DISCLOSURE OF COMPENSAT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ION OF ATTORN                                                                | EY FOR DI                       | EBTOR(S)                            |
| C        | ursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cer<br>ompensation paid to me within one year before the filing of the<br>e rendered on behalf of the debtor(s) in contemplation of or in c                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | petition in bankruptcy, or a                                                 | agreed to be paid               | to me, for services rendered or to  |
|          | For legal services, I have agreed to accept                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | \$                              | 1,500.00                            |
|          | Prior to the filing of this statement I have received                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                              | \$                              | 1,500.00                            |
|          | Balance Due                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              | \$                              | 0.00                                |
| 2. T     | he source of the compensation paid to me was:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                              |                                 |                                     |
|          | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                 |                                     |
| 3. T     | he source of compensation to be paid to me is:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                              |                                 |                                     |
|          | ■ Debtor □ Other (specify):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                 |                                     |
| 4. ■     | I have not agreed to share the above-disclosed compensation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | with any other person unle                                                   | ess they are mem                | bers and associates of my law firm. |
| [        | I have agreed to share the above-disclosed compensation wit copy of the agreement, together with a list of the names of the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                              |                                 |                                     |
| 5. I     | n return for the above-disclosed fee, I have agreed to render leg                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | al service for all aspects of                                                | the bankruptcy                  | ease, including:                    |
| b.<br>c. | Analysis of the debtor's financial situation, and rendering adv<br>Preparation and filing of any petition, schedules, statement of<br>Representation of the debtor at the meeting of creditors and c<br>[Other provisions as needed]<br>Exemption planning;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | affairs and plan which ma                                                    | y be required;                  |                                     |
| 6. B     | y agreement with the debtor(s), the above-disclosed fee does not Representation of the debtors in any discharge any other adversary proceeding: negotiations will filling of reaffirmation agreements and applications used to the control of the cont | ability actions, judicial<br>with secured creditors<br>ons as needed; prepar | lien avoidanc<br>to reduce to m | arket value; preparation and        |
|          | CER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>FIFICATION</b>                                                            |                                 |                                     |
|          | certify that the foregoing is a complete statement of any agreen nkruptcy proceeding.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | nent or arrangement for pay                                                  | ment to me for r                | epresentation of the debtor(s) in   |
| De       | cember 14, 2016                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | /s/ Stephen J. Coste                                                         | llo                             |                                     |
| Da       | te                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Stephen J. Costello Signature of Attorney                                    | 6187315                         |                                     |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Costello & Costello                                                          |                                 |                                     |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 19 N. Western Ave. (                                                         |                                 |                                     |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Carpentersville, IL 66<br>847-428-4544 Fax: 8                                |                                 |                                     |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | steve@costellolaw.c                                                          |                                 |                                     |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name of law firm                                                             |                                 |                                     |
|          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                              |                                 |                                     |

## CONTRACT FOR LEGAL SERVICES

The undersigned (hereinafter referred to as "client") hereby enters into this Contract for legal services with the law firm of COSTELLO & COSTELLO P.C. (Hereinafter referred to as "firm") and hereby agrees as follows:

- 1. Client wishes to retain the law firm of COSTELLO & COSTELLO, P.C. to perform legal services in connection with a Chapter 7 Bankruptcy.
- 2. Firm's present schedule of fees regarding the preparation, filing and representation in Chapter 7 and the court filing fee for the following services are as follows:

| a. Analysis of qualification for Chapter 7 (means test) - which shall mean that firm shall render an opinion of whether client qualifies for filing Chapter 7 under or if the filing of a chapter 7 for client would constitute an abuse of the provisions of Chapter 7 pursuant to Title 11 United States Code section 707(b). | \$500.00  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| <ul> <li>b. Preparation of documents for Chapter 7 filing which includes, the<br/>petition, schedules, statement of financial affairs, notice of intent, and<br/>other documents required for the filing of the chapter 7.</li> </ul>                                                                                           | \$500.00  |
| c. Filing of Chapter 7 petition, schedules, etc with the court and attendance at the meeting with the trustee (also called 341 meeting or meeting of creditors).                                                                                                                                                                | \$500.00  |
| d. Court filing fee.                                                                                                                                                                                                                                                                                                            | \$335.00  |
| Total fees and court filing fee.                                                                                                                                                                                                                                                                                                | \$1835.00 |

- 3. Client hereby understands that firm will not perform any of the above services until the fees for such service, including court costs or filing fees, is fully paid and only after all information and/or documents and/or signatures required for such services and/or the preparation of each document is provided to firm. Firm reserves the right to raise the amount of firm's fees for any services should client not pay for such services or provide necessary information or documents or signatures within a reasonable time from the date of this Contract or should the bankruptcy laws, or rules or procedures of the court materially change after the date of this Contract. Client further understands that any fees are deemed earned when paid and client shall not be entitled to any refund of any portion of any fees paid for services performed by firm or if firm is unable to fully provide any such services due to failure of client to provide necessary information or documents or signatures.
- 4. Firm is under no obligation to represent client in any additional matters including any additional matters arising within the Chapter 7 proceeding or any other Chapter that this Chapter 7 proceeding may be converted into. Should firm choose to represent client in any additional matters arising within the chapter 7 proceeding or other bankruptcy proceeding that this Chapter 7 may be converted into including, but not limited to, objections to claims, adversary proceedings, amendments to schedules, petition or statement of affairs. motions or objections presented by creditors, trustee or Judge or other matters, shall be billed at the rate of \$275.00 per hour plus costs and expenses. Such additional fees shall be due and payable upon demand unless otherwise agreed in writing. Firm reserves the right to raise its hourly rate upon written notice to client.
- 5. Client will inform firm of any change of client's address or telephone number with the understanding that failure to do so will constitute default.
- 6. Client agrees to inform firm of any difficulties client may have in complying with this Contract and that this Contract may be altered changed or amended only by mutual agreement and approval by firm in writing

- 7. Client may terminate employment of firm at any time but such termination will not alter any rights or duties under this Contract and such termination does not reduce the amount owed to firm except by agreement in writing.
- 8. Client understands that any default under paragraph 4,5, 6, or 7 or should client fail to fully cooperate with firm or fail to provide accurate or complete information to firm or any trustee, judge, creditor or other claimant or any other entity at any time during firm's representation of client either before or after the filing of the chapter 7 bankruptcy, such may result in withdrawal by firm but such withdrawal will not alter any clients obligations under this Contract and such withdrawal does not reduce the amount owing to firm except by agreement in writing and does not entitle client to any refund of any fees paid for such services.
- 9. Client agrees that client is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder.
- 10. Client understands that from time to time an attorney from firm may be unavailable to appear in court or at other proceedings on client's behalf and hereby agrees that another attorney may be designated by firm to substitute for one of firm's attorney's at such court or other hearing.
- 11. To the extent that this Contract is signed herebelow by more than one individual, then "client" as used herein shall mean both the singular and plural of such term and both individuals agree that they are jointly and severally liable for all obligations contained herein including but not limited to all sums due from client as provided herein.
- 12. If client is a corporation and is signed herebelow by an officer of such corporation, then such person signing for client represents that he or she is a duly authorized officer of such corporation and is authorized to enter into this Contract on behalf of such corporation and bind such corporation thereto and further agrees that he or she personally and individually guarantees payment of all amounts due from client as provided herein including but not limited to all fees, costs and expenses provided in paragraph 2 hereinabove and further agrees that he or she is responsible for all costs of collection, including all court costs and reasonable attorney's fees incurred by firm in the collection of any sums due hereunder from either client or such person signing personally and individually.
- 13. Any provision of this Contract which may be adjudged to be unlawful or invalid by a court of law or becomes unlawful or invalid by operation of law or legislation, shall thereafter become null and void, but all other provisions of this Contract shall continue in full force and effect.

The undersigned have voluntarily entered into this Contract and by the undersigned's signature(s) below agree to all of the obligations rights and duties herein.

Dated this \_\_\_\_\_day of \_\_\_\_\_\_,2016.

Agreed and signed:

Maria Contreas

Costello & Costello, P.C. and Stephen J. Costello

Stephen J. Cestello

## Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 48 of 50

## United States Bankruptcy Court Northern District of Illinois, Eastern Division

| In re | Maria A Contreas                           |                                                             | Case No.      |                           |  |  |
|-------|--------------------------------------------|-------------------------------------------------------------|---------------|---------------------------|--|--|
|       |                                            | Debtor(s)                                                   | Chapter       | 7                         |  |  |
|       | VEI                                        | VERIFICATION OF CREDITOR MATRIX                             |               |                           |  |  |
|       |                                            | Number of Cr                                                | reditors:     | 17                        |  |  |
|       | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditors                  | s is true and | correct to the best of my |  |  |
| Date: | December 14, 2016                          | /s/ Maria A Contreas  Maria A Contreas  Signature of Debtor |               |                           |  |  |

Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 49 of 50

Banquet Financial Best Buy Citibank Visa

Caliber Home Loans 607 E Dundee Ave Unit A PO Box 619063 Elgin, IL 60120 Dallas, TX 75261-9063

CAPITAL ONE Complete payment Recovery svc Comenity Bank/Carsons PO BOX 60000 Bankruptcy Department 3500 5th Street

PO BOX 182125 Northport, AL 35476 SEATTLE, WA. 98190-6000 Columbus, OH 43218

Consumer Financial Services Costco Anywhere Visa Card Citi

Credit One Bank 1052 Dundee Avenue PO BOX 790046 PO Box 98873

Saint Louis, MO 63179 Elgin, IL 60120 Las Vegas, NV 89193

Kane County State's Attorney Marco Contreas Macy's PO Box 35 Bankruptcy Processing 5905 Pine Hollow Road

South Elgin, IL 60177 PO Box 8053 Carpentersville, IL 60110-3366 Mason, OH 45040

Sears Credit Card One Main Financial, Inc. St Alexian Medical Center 2038 N Richmond Road PO Box 183082 22589 Network Place

McHenry, IL 60050 Columbus, Oh 43218-3082 Chicago, IL 60673-1225

Synchrony Bank/Lowe's Credit Card Synchrony Bank/HH Gregg

Attn: Bankruptcy Dept Bankruptcy Dept. Orlando, FL 32896 PO BOX 965060

Orlando, FL 32896

## Case 16-39479 Doc 1 Filed 12/15/16 Entered 12/15/16 12:59:58 Desc Main Document Page 50 of 50

## STATEMENT OF INFORMATION REQUIRED BY 11 U.S.C. §341

### INTRODUCTION

Pursuant to the Bankruptcy Reform Act of 1994, the Office of the United States Trustee, United States Department of Justice, has prepared this information sheet to help you understand some of the possible consequences of filing a bankruptcy petition under chapter 7 of the Bankruptcy Code. This information is intended to make you aware of...

- (1) the potential consequences of seeking a discharge in bankruptcy, including the effects on credit history;
- (2) the effect of receiving a discharge of debts
- (3) the effect of reaffirming a debt; and
- (4) your ability to file a petition under a different chapter of the Bankruptcy Code.

There are many other provisions of the Bankruptcy Code that may affect your situation. This information sheet contains only general principles of law and is not a substitute for legal advice. If you have questions or need further information as to how the bankruptcy laws apply to your specific case, you should consult with your lawyer.

### WHAT IS A DISCHARGE?

The filing of a chapter 7 petition is designed to result in a discharge of most of the debts you listed on your bankruptcy schedules. A discharge is a court order that says you do not have to repay your debts, but there are a number of exceptions. Debts which may not be discharged in your chapter 7 case include, for example, most taxes, child support, alimony, and student loans; court-ordered fines and restitution; debts obtained through fraud or deception; and personal injury debts caused by driving while intoxicated or taking drugs. Your discharge may be denied entirely if you, for example, destroy or conceal property; destroy, conceal or falsify records; or make a false oath. Creditors cannot ask you to pay any debts which have been discharged. You can only receive a chapter 7 discharge once every eight (8) years.

### WHAT ARE THE POTENTIAL EFFECTS OF A DISCHARGE?

The fact that you filed bankruptcy can appear on your credit report for as long as 10 years. Thus, filing a bankruptcy petition may affect your ability to obtain credit in the future. Also, you may not be excused from repaying any debts that were not listed on your bankruptcy schedules or that you incurred after you filed for bankruptcy.

### WHAT ARE THE EFFECTS OF REAFFIRMING A DEBT?

After you file your petition, a creditor may ask you to reaffirm a certain debt or you may seek to do so on your own. Reaffirming a debt means that you sign and file with the court a legally enforceable document, which states that you promise to repay all or a portion of the debt that may otherwise have been discharged in your bankruptcy case. Reaffirmation agreements must generally be filed with the court within 60 days after the first meeting of the creditors.

Reaffirmation agreements are strictly voluntary — they are not required by the Bankruptcy Code or other state or federal law. You can voluntarily repay any debt instead of signing a reaffirmation agreement, but there may be valid reasons for wanting to reaffirm a particular debt.

Reaffirmation agreements must not impose an undue burden on you or your dependents and must be in your best interest. If you decide to sign a reaffirmation agreement, you may cancel it at any time before the court issues your discharge order or within sixty (60) days after the reaffirmation agreement was filed with the court, whichever is later. If you reaffirm a debt and fail to make the payments required in the reaffirmation agreement, the creditor can take action against you to recover any property that was given as security for the loan and you may remain personally liable for any remaining debt.

### OTHER BANKRUPTCY OPTIONS

You have a choice in deciding what chapter of the Bankruptcy Code will best suit your needs. Even if you have already filed for relief under chapter 7, you may be eligible to convert your case to a different chapter.

Chapter 7 is the liquidation chapter of the Bankruptcy Code. Under chapter 7, a trustee is appointed to collect and sell, if economically feasible, all property you own that is not exempt from these actions.

Chapter 11 is the reorganization chapter most commonly used by businesses, but it is also available to individuals. Creditors vote on whether to accept or reject a plan, which also must be approved by the court. While the debtor normally remains in control of the assets, the court can order the appointment of a trustee to take possession and control of the business.

Chapter 12 offers bankruptcy relief to those who qualify as family farmers. Family farmers must propose a plan to repay their creditors over a three-to-five year period and it must be approved by the court. Plan payments are made through a chapter 12 trustee, who also monitors the debtor's farming operations during the pendency of the plan.

Finally, chapter 13 generally permits individuals to keep their property by repaying creditors out of their future income. Each chapter 13 debtor writes a plan which must be approved by the bankruptcy court. The debtor must pay the chapter 13 trustee the amounts set forth in their plan. Debtors receive a discharge after they complete their chapter 13 repayment plan. Chapter 13 is only available to individuals with regular income whose debts do not exceed \$1,347,500 (\$336,900 in unsecured debts and \$1,010,650 in secured debts).

AGAIN, PLEASE SPEAK TO YOUR LAWYER IF YOU NEED FURTHER INFORMATION OR EXPLANATION, INCLUDING HOW THE BANKRUPTCY LAWS RELATE TO YOUR SPECIFIC CASE.

| /s/ Maria A Contreas | December 14, 2016 |
|----------------------|-------------------|
| Debtor's Signature   | Date              |